

The CHANGES Programme:

Quarterly Report: July - September 2003

The CHANGES
PROGRAMME

Basic Education and Policy Support (BEPS) Activity

CREATIVE ASSOCIATES INTERNATIONAL²

In collaboration with

CARE, THE GEORGE WASHINGTON UNIVERSITY, AND GROUNDWORK



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The CHANGES Programme
Quarterly Report No. 10: July – September 2003

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Prepared for:

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EXECUTIVE SUMMARY

The CHANGES programme continued to make considerable strides during the July-September 2003 reporting period. This section of the report summarizes highlights of progress achieved, while the details are contained in the remainder of the report and in the appendices.

The **Community Sensitization and Mobilization Campaign (CSMC)** for girls' education in Southern Province (hereafter SP) was planned to be implemented in nine of the province's 11 districts during the initial three-year phase of the programme. However, due to the strong performance of the CSMC team in collaboration with the Ministries of Education (MOE), Health (MOH), and Community Development and Social Services (MCDSS)—especially during the past year—the programme expanded into its tenth district, Siavonga, during the present reporting period. In Siavonga, the CHANGES District Management Team was formed, site selection was completed, and research and verification were started in late September.

Prior to that, research and verification were completed in Namwala and Ithezi-Thezi Districts and a meeting to disseminate and discuss the research findings on girls' education and HIV/AIDS from Kazungula and Kalomo Districts was held in Livingstone for key stakeholders from those districts. In addition, a training for 45 newly recruited Zonal-level Community Facilitators (ZCFs) was held to develop the skills of new ZCFs who replaced former ZCFs who had dropped out of the CSMC programme due to transfer, non-performance, or death. Finally, significant progress was made in terms of the production of IEC (Information, Education, and Communication) materials: four radio programmes (two on girls' education and two on HIV/AIDS) were produced and aired on local radio stations, and the Livingstone District Profile was sent to the printer. Further, a weeklong workshop was held for the CSMC team and several provincial MOE officers to build their capacity to take the lead in producing their own IEC materials.

Significant progress was also achieved by the **School Health and Nutrition (SHN)** component of the CHANGES programme. Like the CSMC, it is also exceeding its original mandate by expanding into two additional districts, Lundazi and Mambwe, with further expansion planned during the next reporting period. More specifically, during late July a national-level SHN workshop was held at the River Motel, Kafue for 66 local and international participants. The primary aims of the workshop were to build the capacity of the new SHN team at the MOE/HQ and to begin laying the groundwork for the expansion of the SHN programme through CHANGES and the proposed Schistosomiasis Control Initiative (SCI) that will be implemented jointly by the MOE and MOH. Considerable planning for launching the SCI was conducted during the workshop inasmuch as many of the major players from SCI, the World Bank, and the Partnership for Child Development (PCD) were in attendance.

PCD consultants, with consultants from Successful Intelligence (SI), who are overseeing the technical work on the biomedical and cognitive assessment dimensions of the SHN programme, took the lead in a meeting held on 5 September to disseminate findings from the 2002 SHN survey. On the biomedical side, findings showed a dramatic reduction in hookworm prevalence rates (falling from 55% in 2001 to 16% in 2002) and bilharzia (from 48% to 12%). More importantly, results from the Cognitive Assessment Instrument (CAI) showed a major ("statistically significant") improvement in the cognitive receptivity and

ability of intervention school pupils from the baseline figures in 2001, owing to the efficacy of the biomedical interventions—the deworming and provision of micro-nutrients. Full reports on the findings will be completed and disseminated during the next reporting period.

The major SHN activity during the quarter was the implementation of the third, and last, SHN survey in Eastern Province (hereafter EP). After considerable preparation during July and August, the survey was conducted in September, involving a total of 2,435 pupils from 60 schools. Four teams were involved in carrying out the survey and, in total, more than 60 people participated, including the provincial and district MOE and MOH offices, the SHN team from the MOE/HQ, parasitologists and laboratory technicians from TDRC (Tropical Disease Research Centre) and (UTH University Teaching Hospital), PCD and SI consultants, and the CHANGES SHN team. As such, the large undertaking was a successful example of multi-sectoral collaboration. During the reporting period, ongoing monitoring of the SHN programme continued, the SHN/MIS pilot was fine-tuned, and, on the IEC front, 24 radio programmes (12 in English and 12 in Nyanja) were recorded at Radio Breeze and aired; additionally 750 copies of the bilharzia flipchart were printed and distribution to schools was commenced.

Addressing **HIV/AIDS** is a cross-cutting dimension of the CHANGES programme rather than a main component in its own right. During the quarter, data analysis from the operations research on the linguistic aspects of HIV/AIDS school counseling was completed, and a workshop has been planned for November in which the findings will be disseminated. Also, the CHANGES programme printed 10,000 copies of the MOE's "HIV/AIDS Guidelines for Educators," enough to be distributed to every primary teacher in EP and SP, which is underway. Further, representatives of the SHN team participated in HIV/AIDS-related conferences and workshops in Lusaka as well as Swaziland, which afforded opportunities to present and discuss the work CHANGES is doing in HIV/AIDS prevention and mitigation. Finally, on 16 August, the CSMC team facilitated the US Ambassador's and his wife's participation in an HIV/AIDS solidarity march in Livingstone. In addition to meeting with the Ambassador, Mr. Martin Brennan and his wife Giovanna, and facilitating their participation in the march, the CSMC team provided funding to the organizers for IEC materials, fuel, and other costs related to the march. Lastly, the impact assessment of HIV/AIDS on the education sector moved into its last stages: data collection was completed, data were analyzed, and initial findings and projections were completed. The latter will be presented in a meeting with MOE top management and the assessment Working Group and Steering Committee in late October.

In terms of the **Small Grants Mechanism**, another cross-cutting dimension of the CHANGES programme, considerable progress was made during the quarter, especially in SP. In that province a total of 217 proposals were reviewed of which 10 were approved for eventual funding. Also during the reporting period, 14 previously approved proposals were funded in SP, which brings to 61 the total number of small grants awarded to communities and schools through the small grants mechanism of CHANGES: 45 in SP and 16 in EP. Progress in EP was slowed this quarter by the departure of the original Small Grants Manager in that province and the need to recruit and train a replacement. It is anticipated that the pace of grant-making in EP will return to normal levels next quarter. In both provinces new district steering committees were formed, funds were disbursed and reconciled, and grants were monitored.

Finally, with regard to **Programme Administration**, the CHANGES team could not make much progress on finalizing the extension of the programme because, during the reporting period, they did not yet receive the final Statement of Work (SOW) from USAID. However, the Senior Technical Advisor did travel to Washington, DC to confer with home office staff about the extension of the programme in anticipation of receiving the final SOW soon thereafter. Also during his visit to the home office, the Senior Technical Advisor had the opportunity to give a presentation on the CHANGES programme to home office colleagues and other project directors from the field. During the quarter, the EP Coordinator and Provincial Education Officer (PEO) from EP participated in a USAID education conference in Washington, DC in which they gave presentations on the SHN programme, especially its multi-sectoral nature, which stimulated considerable discussion on the part of the audience. The CHANGES programme, therefore, continues to become better known because of the effective and innovative work it is doing in Zambia.

I. PROGRESS DURING THE QUARTER

In this section, the progress and achievements attained during the July-September 2003 quarter will be highlighted for both of the major components of the CHANGES programme and their corresponding USAID Intermediate Results (IRs)—the Community Sensitization and Mobilization Campaign (CSMC) and School Health and Nutrition (SHN)—as well as the two cross-cutting components: HIV/AIDS and the Small Grants Mechanism.

A. Community Sensitization and Mobilization Campaign (CSMC) (IR 2.1: Improved Quality of Learning Environments in Targeted Areas)

1. Progress on Indicators

Priority/Category	Indicator	Means of verification	Target	Actual as of 08/03
1. Participation of girls & other vulnerable children in basic education	Increase in % of enrolment & retention rate of girls & other vulnerable children in basic education	Yearly school records (Data collected from five selected schools in each district)	Enrolment: 22% Retention: 30%	Enrolment Baseline: 16% increase from 2000 to 2001 Retention Baseline: N/A
Indicator 1. The enrolment Baseline of 16% increase in girls' enrolment from 2000 to 2001 was obtained from Provincial records. For that same period the enrolment, increase was 22% for boys. The target for girls has been set at 22% in an effort to see girls' enrolment increased to be at par with boys' enrolment. Retention rate target has been set at 30%. Although no baseline information is available for this indicator, it was felt that the USAID target of 87% would be more attainable if the programme was working in urban areas. The high number of rural schools selected as research sites has influenced CSMC to set the retention target at a lower rate.				
2. Sensitization & Mobilization	Number of schools, community local leaders, P.T.A and pupils sensitized and mobilized (to take action) concerning HIV/AIDS and girls/vulnerable children's education	Zonal-level Community Facilitator Action Plan and Field Reports	82,000	131,720

Indicator 2. There are 82 Zones in the nine selected CSMC districts. Five schools and catchment areas are selected per Zone. It is anticipated at least 200 individuals within each school catchment area will be sensitized and mobilized because of the CSMC programme. (This figure will most likely be dramatically higher when the remaining catchment areas in each zone, which will have only community meetings and IEC rather than receive all the inputs of the full CSMC model, are included.) *The target of 82 000 was meant for 5 school catchment areas in each of the 9 districts. The CSMC has since sensitized and mobilized all schools in Kazungula, Livingstone, and Kalomo, Choma and Sinazongwe districts. The target therefore will be much higher than 82 000 after sensitizing all the districts.

3. Gender & Equity	Number of provincial/District and Zonal Officials, and Community- based animators sensitized and trained in gender and equity issues in education	Workshop attendance figures	365	2,913
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Indicator 3. There will be approximately three participants from each zone, and five district-level officials from each district trained in ZCF workshops in each District. Issues pertaining to Gender and Equity will be a part of that training curriculum. Therefore, a target of 365 has been set (including 74 community mobilizers trained in Kazungula & and Kalomo) from the nine selected districts.

4. Action Research	Number of communities participating in action research	Researchers' Field Reports	299	266
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Indicator 4. Six villages are selected in each of the five selected school catchment areas in a district. Therefore, 30 villages in a district are expected to participate in action research. As such, according to the current work plan, 270 villages will participate in action research from the 9 selected districts. (The additional 29 villages were from Kazungula and Kalomo District in which all villages (89) participated in action research rather than only 60).

5. Research and Verification	Number of community members present to verify the research	Head-count by Researchers	18,000	17,638
	Number of Theatre for Development performances for verification and research	Researchers' Field Report	90	66

Indicator 5. There are 45 school catchment area research sites in the nine districts. Two drama presentations will take place in each catchment area to verify research findings, for 90 drama performances. It is anticipated that approximately 200 community members will attend each of the performances.

6. Participatory Monitoring	Number of community activities (as detailed in action plan) monitored	Monitoring plans and reports	1,230	2,471
	Number of communities monitoring their own progress	Monitoring plans & reports	820	638

Indicator 6. With 410 school catchment areas in nine districts, it is anticipated that ZCF teams, District officials, and/or the CSMC team members will monitor at least three community activities in each catchment area. At the same time at least two communities in each catchment area will have action plans that will be self monitored by the communities.

7. Life Skills	Number of Zonal- level action plans including training on the use Life Skills modules	Zonal-level action plans	41	57
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Indicator 7. 82 Zonal-level action plans will be developed; half of those are expected to include materials on Life Skills..

8. Information, Education, and Communication (IEC) intervention	Use of variety of communication media focused in promoting girls' and other vulnerable children's education and in sensitizing community members (including teachers, children)	Actual media products	7	*Grants brochure *Calendars *Voices from the South *csmc brochure 1 (1 booklet) *Newsletter
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	about HIV/AIDS proliferation and its mitigation			*Radio programmes 11
Indicator 8. The target for media products is a total of seven, comprised of two radio programmes for HIV/AIDS, two radio programmes for girls' education, two illustrated annual reports for stakeholders, and one CSMC newsletter.				
9. Action Plans	Number of action plans developed by district and zones (ZCFs)	Actual count of action plans filed at district, Zonal and CSMC offices	82	103
	Number of communities developing community action plans		820	638
Indicator 9. 82 ZCF teams will be established in the nine districts, and each will develop an action plan for sensitization and mobilization in their zone. It is anticipated that two communities in each of 410-school catchment areas will develop community action plans.				
10.Capacity-building at all levels	Number of provincial, district, and zonal-level officials and community based animators able to facilitate community-based activities in participatory ways.	Workshop participant list	365	2,913
Indicator 10. There will be approximately 246 participants from the nine districts (82 zones x 3 persons) trained as ZCFs and about 45 district & provincial officials. Therefore, a target total of 365 have been set (which includes 74 community mobilizers trained from Kazungula and Kalomo) in the nine districts in Southern Province.				

2. Highlights

Dissemination of Research Findings and Policy Development Meeting for Kazungula and Kalomo Districts:

As the CSMC matures, focus is gradually shifting from research and verification to facilitating forums for disseminating the findings of the research and translating the findings into policies at the district, provincial, and national levels. On 10 July, the first of a planned series of meetings in SP was held at the Fairmount Hotel in Livingstone for Kazungula and Kalomo Districts. The districts were combined because the findings of the research and verification were relatively similar. Altogether, 39 people attended the one-day meeting, drawn from the three cooperating line ministries (MOE, MOH, MCDSS), and Mrs. Sakala, the Provincial HIV/AIDS Focal Point, chaired the meeting. Dr. John Milimo of PAG (Participatory Assessment Group) was the lead consultant; he presented the main findings from the two district profiles, led focus group discussions, and compiled the deliberations and policy recommendations in a Final Report. *(For more information on this meeting/workshop see Dr. Milimo's report in Appendix A.)*

Research and Verification in Namwala and Itezhi-Tezhi Districts:

On 13 July, the CSMC 11 Field Researchers started research and verification activities in Namwala and Itezhi-Tezhi Districts. As reported last quarter, the two districts are being combined due to their low population densities; moreover, in order to allow for equal representation, three schools and catchment areas from each district are participating in the research and verification (total: 6) rather than the usual five per district. The research and verification were successfully concluded on 13 August and work is underway to compile and analyze the findings.

Monitoring of Kalomo, Choma, Sinazongwe, and Gwembe Districts by the Provincial Government CSMC Team:

In response to a recommendation made in the last CSMC provincial stakeholders' meeting—to involve provincial-level line ministry personnel in CSMC field monitoring—a monitoring trip to Kalomo, Choma, Sinazongwe, and Gwembe Districts was planned and conducted during July. Members of the monitoring team included Deputy Provincial Education Officer, Mr. Solomon Mweemba; the Provincial Social Welfare Office, Mr. Walumba Mwape; and the Office Administrator of the Central Board of Health (SP), Mr. Kaulule Siame. Involving provincial-level officers in monitoring the work in the field broke new ground in integrating the work of the CHANGES programme into the government system and strengthened the integration and collaboration of the programme's three cooperating line ministries: Education, Health, and Community Development and Social Services. The following summarizes the findings of the provincial monitoring team:

- **Kalomo:** The district stakeholders informed the provincial team that the multi-sectoral approach taken by the CHANGES programme is being carried out very successfully in Kalomo District. As a result, the issue of programme ownership is a muted issue in the district, exemplified by the fact that the district team meets regularly even without the presence of the CSMC programme team. One challenge raised was that the district Director of Health is too busy to attend to CSMC work, although he is committed to the CSMC. The provincial team suggested that the Director delegate his CSMC duties to another staff member. Another challenge discussed was late disbursement and reconciliation of funds.
- **Choma:** In Choma, the multi-sectoral collaboration among the three line ministries appears to be more problematic: The district CSMC management team reported that the CSMC is regarded as a MOE programme and is more closely aligned to that ministry than to the other two. It was also noted that the district Director of Health has not been very actively involved in the CSMC but has delegated that task to a staff member; unfortunately, that staff member has not briefed the Director about his activities. The provincial team underscored the importance of the MOH being more actively involved in the CSMC, particularly because of the role HIV/AIDS plays in the overall programme. An important challenge that was raised during the meeting was that the district has not received monitoring funds for three months, which has negatively affected progress. Further, it appears the district has lost some of its vision about the CMSC, which the provincial team tried to rectify.
- **Sinazongwe:** Here, the provincial team met the district CSMC management team and was pleased to hear that the multi-sectoral approach is being more effectively implemented than before and that communication and coordination among the three line ministries and their personnel have also improved. In discussing challenges, the district heads proposed that they receive a separate budget for monitoring the CSMC, in addition to the budget allocation they receive for the work of the ZCFs (Zonal-level Community Facilitators).

- **Gwembe:** The provincial team made their last stop in Gwembe where they met all the members of the district CSMC management team. The district team reported good progress on the community-based workshops that were conducted previously in the district.

Upon returning to Livingstone, the provincial team put forward the following recommendations to improve implementation of the CSMC in Southern Province:

- > The provincial monitoring team needs to make more field visits, for longer periods of time, and should meet actual beneficiaries of the CSMC in communities.
- > District CSMC teams should have a separate budget for monitoring activities; they should also have a separate budget for the maintenance of vehicles used for CSMC activities.
- > The bicycles that have been allocated to ZCFs (now discontinued due to the ineffectiveness of the approach) should be replaced with motorcycles.
- > Funds should be released more quickly for programme implementation, monitoring, and small grants.
- > CHANGES reports should be made available more promptly to district and provincial teams for follow-up of activities.
- > CHANGES should provide suitable vehicles for the provincial and district teams for monitoring, or should assist with repairing existing vehicles.
- > When CHANGES staff go on monitoring trips, they should take with them at least one provincial-level stakeholder (ie, from the MOE, MOH, or MCDSS).
- > The responsibility of chairing the district and provincial CSMC teams should rotate amongst the three line ministries.

Training of Replacement ZCFs:

During 21-25 July, a training workshop for 45 new ZCFs was held in Monze City. This unplanned workshop was deemed necessary because of attrition in the ranks of the ZCFs due to transfers, dropouts, and deaths. In the case of Kazungula and Kalomo Districts, the large number of replacements was due to many inappropriate persons having been taken on board as ZCFs by the former CSMC management team. In all, the breakdown of new ZCFs was as follows: Mazabuka 2, Kazungula 13, Kalomo 15, Choma 5, Sinazongwe 3, and Livingstone 7.

Introductory Stakeholder's Meeting in Siavonga:

During early August, the CSMC moved into Siavonga District, the tenth district to come on board the programme. The first step in the CSMC model—holding an initial stakeholders' meeting—was carried out in which the programme was explained to what will become the district management team, and the five schools in which the research and verification will be conducted were selected. The five schools were:

Siakalindu Basic School
Chininde Basic School
Kapulurila Basic School
Munyama Basic School
Ibbwe Basic School

The following month, the selection of the villages in each catchment area in which research would be conducted were selected, and the research and verification process started on 21 September and will concluded next quarter on 22 October.

Provincial Stakeholders' Meeting:

The second provincial stakeholders' meeting was held on 5 September at the Fairmount Hotel. The meeting was officially opened by the PEO, Mrs. Sarah Muhyila, and was attended by 17 participants drawn from the provincial MOE office, provincial MOH office, provincial MCDSS office, the provincial Deputy Minister's office, and NGOs like DAPP, YWCA, FAWEZA, World Vision, and Society for Family Health. The provincial team, which had conducted monitoring visits to Kalomo, Choma, Gwembe, and Sinazongwe (see above) presented a report of their observations and recommendations to the meeting. The CSMC team also presented a report on the progress of the CSMC in all districts of the province. The two reports were discussed by the meeting and recommendations on the way forward were proposed.

Training of ZCFs (Zonal-level Community Facilitators) from Namwala and Itezhi-Tezhi Districts:

The combined ZCF training workshop for Namwala and Itezhi-Tezhi Districts was conducted at Namwala Secondary School from 8-13 September. Officers trained from Namwala District were 15 ZCFs and 10 district officers; those trained from Itezhi-Tezhi District were 18 ZCFs and 10 district officers. In all, 53 people were trained in the CSMC methodology and in issues related to girls' education and HIV/AIDS. Some issues that are unique to the two districts and that might pose challenges for the programme include:

- Some zones in Itezhi-Tezhi are in a game park, and movement within the zones therefore must be by vehicle for fear of wild animals. This will push up the cost of zonal monitoring in the affected zones.
- Both Namwala and Itezhi-Tezhi are unreachable by phone; as such, communications from the CSMC office will need to be relayed by radio through the Ministry of Agriculture.
- Itezhi-Tezhi District has no bank; the two districts recommended the use of the same account for channeling funds to both districts. This, however, requires that monthly communications be sent to indicate the amounts deposited for each district.
- From December to February the Kafue River and flood plain are flooded. The road connecting the two districts becomes impassable, and transportation between the two districts is possible only by boats, which operate on an irregular schedule.

The CSMC office is consulting with the two districts on modalities for minimizing the impact of these factors on the operations of the CSMC, especially the collection and reconciliation of funds.

Gwembe District Stakeholders' Meeting:

On 22 September, representatives of the CSMC team attended a stakeholders' meeting in Gwembe District (though the meeting was actually held in Monze). Present at the meeting were representatives of the three line ministries of Gwembe District led by the District Education Board Secretary. The district team presented a short progress report, after which discussion focused on issues of ZCF transport, late retirement of funds by ZCFs, and allowances for the ZCFs and district team. The issues were resolved amicably and the SP Coordinator thanked the district team for its good work.

Information, Education, and Communication (IEC) Product Development:

The four radio programmes produced during the previous reporting period were aired on Radio Chikuni. The four 30-minute programmes consisted of two programmes on girls' education and two programmes on HIV/AIDS. The radio station, on their own initiative, ran a competition featuring questions on the CSMC in which listeners competed to win audio cassettes of songs by local musicians. This elicited an encouraging response by listeners. Some letters were also sent to the radio station in response to the broadcasts. The same radio programmes were submitted to Mazabuka Community Radio for broadcast. In late August, the Livingstone District Profile was completed and sent to Lusaka for editing, formatting and printing; the writing of the Sinazongwe District Profile was completed and editing is underway.

During 15-19 September an IEC training workshop for the CSMC team was conducted at Tunya Lodge. Mr. Gershom Musonda (IEC consultant at the MOE/HQ), Ms. Gertrude Njase of EBS and Mr. Abram Banda of the MOH in Lusaka facilitated the workshop. The following topics were covered: communication theory, news writing and reporting, feature writing, community and public relations, video production, digital photography, and radio production. In addition to the CSMC team (11 field researchers and four core staff), three MOE officers attended the workshop, as did one observer each from The Post (newspaper), Zambia Information Services, and National Agriculture Information Services (NAIS), for a total of 21 participants. The aim of the workshop was to build the required capacity to develop as many IEC materials locally—in Southern Province—as possible. As part of the workshop, a draft of the first *CSMC Newsletter* was developed.

Revision of the CSMC Section of the CHANGES Extension Design Document:

The CHANGES programme extension design document that was completed in draft form by the extension design team (see last quarter's report) represented a major step forward in conceptualizing and designing the extension of the CHANGES programme. However, especially with regard to the CSMC, there were gaps in the document as well as some misunderstandings, both of which had budgetary implications. Therefore, the CSMC team revisited the design document and changed some activities, edited the narrative to match the changes in activities, and revised the budget.

B. School Health and Nutrition (SHN) (IR 2.2: Improved Delivery of School-based Health and Nutrition Interventions to Support Pupil Learning)

1. Progress on Indicators

Category/Level	Indicator	Means of Verification	Target Numbers	Actual Numbers
Child Quality Measures				
Education	Increase in cognitive assessment scores	Scores from Cognitive Assessment Instrument (CAI)	To be provided by SI when analysis is complete	Third Year baseline follow up survey conducted in 60 schools in September 2003. 2,435 pupils assessed on cognitive assessment and new reading test.
Health	Reduction in worm infection prevalence	Preliminary results indicates substantial reduction in infection	Complete analysis to be done by PCD.	1,935 pupils tested for bilharzia and worms continued evidence of substantial reduction in bilharzia and worm infestation in 1 st and 2 nd year intervention schools.
Nutrition	Increase in hemoglobin levels	Semi-annual biomedical assessment		Pin prick done on 1,935 pupils to test anemia status. Preliminary results indicate reduction in levels of anemia. Complete results due from PCD next quarter.
Community Sensitization and Mobilization				
PTA/Community meetings/ADC (Area Development Committee)/Neighborhood health committees	# of meetings to discuss SHN issues; problems-analyzed and responded to.	Survey reports; field monitoring –minutes of meetings	By end 3 rd quarter 2003, 100 meetings held by PTAs, ADCs, and Neighborhood Health Committees	Approximately 500 meetings of PTA and SHN promoting committees held by end September 3 rd quarter 2003. SHN orientation and sensitization training scheduled for next quarter
PTA/Community action plan development and implementation	Increase of PTAs/communities supporting SHN interventions with specific action plans	Survey reports; field monitoring	Cumulative total of action plans received 2001-31 2002-60 2003-80	80 community action plans developed and submitted for small grant funding; 16 small grant projects have been awarded-by end 3 rd quarter 2003.
IEC				
Media strategy	Media strategy developed and implemented including radio, TV adverts, newsletters, newspaper.	Strategy available	Media strategy (regional and national)	Media strategy developed
IEC materials	IEC materials developed for SHN advocacy and Training	Observation/monitoring of teachers	2003: 150 teachers; 2004: 50 teachers.	240 teachers trained using HE flipchart, local action manual and brochures; bilharzia flipchart being used by health workers.
Teachers/pupils	# teachers using IEC materials for	Observations and monitoring of teachers	2002-150 teachers trained;	240 teachers using worm HE flipchart, local action

	SHN teaching-including life skills		2003-150 trained; 2004-50 trained.	manual and brochures; bilharzia flipcharts being used by health workers.
Training				
Teachers and administrators	# of teachers trained in school-based health and nutrition interventions	Reports	2002 –250 2003-350 cumulative total teachers trained + administrators 2002=50 2003=100 2004=200	44 additional teachers and 2 administrators trained in drug administration and SHN in Eastern Province: new intervention schools plus- 10 health workers. During 3 rd quarter 2003 total teachers trained to date including Central and Lusaka = 301 Three new districts Petauke, Katete and Nyimba districts scheduled for next quarter New management training course using management manual to begin next quarter
Pupils	# of pupils who have received the set number of health education lessons	Reports	By end 2002 15,000 pupils received the lessons By end 2003 25,000	Health education lessons for prevention of worms, bilharzia and improved nutrition received in all SHN schools # 27,000 approx. by end 3 rd quarter of 2003; schools include Mambwe and Lundazi Districts; health workers in some schools Newly revised flipcharts distributed to all 60 schools during third year baseline survey.
Health workers, community leaders, PTA members.	# PTA exec.members, ADC, trained in collaborative methods, group participation techniques, SHN advocacy, and management skills # Health workers trained in SHN advocacy and SHN issues	Reports and field monitoring	By end of 2003, 250 PTA, health workers and community leaders trained; by March 2004, a further 100 trained.	Management skills training of teachers, including basic financial management conducted by CARE International. PTA executive members training will continue in third quarter. New Care Small Grants Coordinator in place and oriented. Small grants proposals from Lundazi and Mambwe to be facilitated

2. Highlights

National Level SHN Workshop:

During 29 July through 1 August, a major SHN workshop was held outside Lusaka at the River Motel in Kafue for 66 local and international participants. The workshop had multiple purposes: (1) to provide further training and orientation to the new MOE/SHN team in Lusaka, (2) to improve the understanding of the SHN programme and to strengthen the skills of district officers in Lusaka and Central Provinces who recently started implementing the

SHN programme, (3) to orient district SHN focal points in Southern Province to the SHN programme, which will be expanding to that province during the CHANGES extension, (4) to orient donors and other programmes (e.g., UNICEF, WFP, JICA, DFID) to the SHN programme, and (5) to plan the way forward for the SHN programme in terms of integrating the CHANGES programme with the proposed SCI (Schistosomiasis Control Initiative). The workshop was chaired by Mrs. Hilda Chishala, facilitated by PCD (Partnership for Child Development), and included presentations by the World Bank (Don Bundy), SCI (Alan Fenwick), and Professor Michael Kelly (on HIV/AIDS). The workshop was successful in meeting its intended objectives.

Planning for the CHANGES Extension and Integration with the Proposed Schistosomiasis Control Initiative (SCI):

An activity that was related to the national level SHN workshop (above) was the continued planning for launching the SCI, a deworming initiative that will be implemented in concert with the expanding CHANGES programme, starting late this year. Alan Fenwick represented SCI in meetings, Don Bundy represented the World Bank, consultants from PCD participated in discussions, as did representatives from the MOE, MOH, CBOH (Central Board of Health), and CHANGES. In the final meeting that took place during the week of the SHN workshop, held on 1 August at the Pamodzi Hotel, it was decided that the MOE and MOH need to revisit the proposal they submitted to SCI and to fine-tune it, including demonstrating a more equitable sharing of roles, responsibilities, and funding allocations between the two ministries.

Meeting to Disseminate Findings from the 2002 SHN Survey:

On 5 September, a meeting was convened at the Fairview Hotel in Lusaka to disseminate the findings from the 2002 SHN biomedical and cognitive assessment surveys. Approximately 50 people from government line ministries, the donor community, and other organizations attended. Presentations were made by SHN consultants from PCD on the biomedical side and from Successful Intelligence (SI) on the cognitive assessment side. The PCD presentation by Dr. Michael Beasley highlighted the improvements in health and nutritional status that are being achieved through the biomedical interventions, while Dr. Linda Jarvin's presentation on behalf of SI focused on the dramatic gains in cognitive receptivity and ability that are being achieved as a result of the biomedical interventions—that is, the deworming and provision of micro-nutrients. (Full reports of the findings will be submitted by PCD and SI during the next reporting period and will be included in next quarter's report.)

Also during the meeting, presentations on the expansion of the SHN programme were made by Dr. Paul Freund, EP Coordinator, and Dr. James Mwansa of UTH, on behalf of the MOE and MOH. The former outlined the contours of the CHANGES programme extension while the latter detailed the Schistosomiasis Control Initiative (SCI) that is being planned and will be implemented jointly by the MOE and MOH in close coordination with the CHANGES programme.

Planning for the Year 3 Biomedical and Cognitive Survey:

In late July, the EP Coordinator, SHN Focal Point Person, Mrs. Chishala, Dr. Mwansa of UTH (University Teaching Hospital), and two representatives of PCD met at the CHANGES/Lusaka office to plan for the third, and final, biomedical and cognitive survey in

EP. During the meeting it was decided that the survey would start on 10 September, run for approximately two weeks (with an additional week for the cognitive assessment), and include 50 intervention schools as well as an additional 10 controls schools for the cognitive assessment. The roles of each implementing partner were defined, logistical issues were raised and addressed, and matters pertaining to staff were settled.

During August, planning for the survey intensified in the field. Fourteen new intervention schools (Nyakuywa, Chalumbe, Chanida, Kalunga, Chkando, Nsingo, Nthombimbi, Kapoko, Katandala, Nkhalinkhali, Mkanire, Chanjowe, Nsadzu, and Zemba) were visited to alert them to the need to prepare for the biomedical and cognitive assessment teams that would be visiting their schools when the survey started on 10 September. Preparations also continued in Chipata for the survey, including securing laboratory space in the Veterinary Laboratory, which required CHANGES paying 2.5 million kwacha to clear unpaid water, sewerage, and electric bills so the facility would be serviceable during the survey. The SHN team also secured the services of personnel from District Health Management Teams and the Provincial Health Office for the survey.

Training of Teachers and Health Workers for the Third SHN Survey:

During 25-28 August, 42 teachers from the new intervention schools and 11 health workers from nearby clinics (total 53) were trained in SHN administration in anticipation of the third SHN survey in EP. The training was held at Tikondane Community Centre in Katete. For the first time, malaria prevention was included in the training, which was much appreciated by the participants. As a result of comments from the participants, it was decided that a chapter on malaria will be incorporated into the existing SHN Administration manual, which will represent the sixth revision. The manual will then be ready to be turned into a formal in-service training module.

Training of Cognitive Assessment Testers for the Third SHN Survey:

During 8-9 September, 20 people—most of them experienced “veterans” from the previous two surveys—participated in a two-day workshop to refresh their skills in administering the Cognitive Assessment Instrument (CAI) in preparation for the third SHN survey, which started on the 10th. The training focused on administering the sub-tests of the CAI in addition to the Grade 5 National Assessment in English and Nyanja. *(For more on this training and the implementation of the CAI during the third SHN survey, see Dr. Linda Jarvin’s Trip Report in Appendix B.)*

Implementation of the Third Annual SHN Survey:

After completing considerable planning for the third survey, as detailed above, the survey was conducted during 8-30 September, involving more than 60 people: 12 nurses, 16 parasitologists/laboratory assistants, 8 MOE provincial and district staff, 20 cognitive assessment testers, 5 MOE/HQ (Lusaka) staff, one CBOH staff, representatives from PCD and Successful Intelligence (SI), and CHANGES programme staff. Additionally, 12 vehicles and drivers—from the MOE and CHANGES—were deployed during the survey.

Prior to the survey teams visiting the schools, an advance team comprised of MOE provincial and district staff and CHANGES personnel visited each of the participating schools to inform them of the date the survey teams would arrive, and to review the purpose of conducting the

survey, and what participation on their part would be required. This advance preparation was especially important for the new intervention schools where parents were required to sign consent forms. Because, unlike in the past, there was no venous blood drawn for Vitamin A analysis, compliance was expected to be better than in previous years.

A total of 50 intervention schools were included in the survey, including a total of 1,935 pupils. Additionally, the cognitive assessment teams surveyed 500 pupils from 10 of the 20 new control schools, and also collected height and weight data and other background information from the pupils, bringing the total on the cognitive assessment side to 2,435 pupils tested. The cognitive assessment teams administered the Grade 5 National Assessment in addition to the Cognitive Assessment Instrument (CAI).

Preliminary examination of the biomedical results from the survey has revealed continued improvement in intervention schools with significant reductions in biharzia and other worm loads in pupils. Some areas like Chamanda continue to have a problem with bilharzia, with a rate of 43% while, as expected, some of the new intervention schools had high infection rates as well. On the other hand, some of the infection rates in schools were quite low, in the 3-8% range. A complete report of the findings from the survey will be submitted by PCD and SI next quarter.

Ongoing Monitoring of the SHN Programme:

Monitoring of the SHN programme, which continues to be a laborious and time-consuming task, continued during the reporting period. During late June and July, CHANGES staff and MOE colleagues visited 28 schools in Chipata, Chama, Lundazi, and Chadiza Districts to monitor drug administration compliance, assess schools participating in the School Health Promoting Competition, and to provide general support. Effectiveness in implementing the SHN programme appeared uneven in the schools visited. During August, the monitoring continued, with three schools (Kapatamoyo Middle Basic School, Mshawa Middle Basic School, and Chparamba Basic School) being visited. *(For a detailed report of the school monitoring undertaken early in the present quarter—which provides a glimpse of the thoroughness of the ongoing monitoring being conducted—see Appendix C.)*

SHN/MIS (Management Information System) Pilot:

The eight schools in the initial SHN/MIS pilot test continued to complete their management forms in anticipation of the return of the MIS consultant, Dr. Wendy Heard, in October to continue implementing the pilot programme. Due to scheduling conflicts, the continuation of the work by Dr. Heard was rescheduled to 10-21 November. In addition, eight control schools were selected to participate in the pilot to enable comparisons to be made with the pilot schools.

Participation in SHN NGO Forums:

On 30 August, Mr. Josias Zulu, SHN Technical Officer, attended the Provincial Health Office Planning Circle meeting in which NGOs working in the health field presented the activities in which they are involved and the progress they have made to date. Mr. Zulu profiled the CHANGES programme in the meeting. An issue that was raised during the meeting was the perceived slowness of rolling out the SHN programme. The meeting was

reminded that CHANGES is part of the MOE and that, as such, the programme will continue to spread as resources in the MOE allow.

Presentation and Information Dissemination:

The EP Coordinator and the EP Provincial Education Officer attended the USAID EGAT Conference entitled “Building Bridges to Peace and Prosperity,” held in Washington, DC during 11-15 August. They gave presentations about the multi-sectoral approach the SHN team is adopting in its work. The presentations were well-received and generated considerable discussion from the audience.

SHN Competition:

The SHN competition, which was started last reporting period, continued this quarter. During July, 22 schools participating in the competition—10 from Chama, 7 from Chipata, and 5 from Chadiza—were visited and assessed. The competition is carried out during all school monitoring visits by the SHN team.

IEC Product Development:

During July, 24 SHN radio programmes (12 in English and 12 in Nyanja) were produced by Radio Breeze and were readied for broadcast. In August, broadcasts began and were aired 2-3 times each month. In addition, the CHANGES programme printed 750 sets of the bilharzia flipchart teaching aid for use in classrooms and training workshops; 200 sets were taken to EP for current distribution, 200 sets were retained in the Lusaka office for use during the CHANGES extension/expansion, and the remaining 350 were given to the MOE for use in SHN expansion districts in Central and Lusaka Provinces. The SHN team also distributed the “HIV/AIDS Guidelines for Educators” (see Section C below.) Finally, during the survey, the IEC consultant in the MOE/HQ, Gershom Musonda, videotaped biomedical and CAI activities in Katopola, Lutembwe, and Hillside Schools.

C. HIV/AIDS (Cross-Cutting Component)

1. Progress on Indicators

Eastern Province:

Category/Level	Indicator	Means of Verification	Targets	Current Status
Teachers	# teachers using life skills Modules/lesson plans used in teaching	Field monitoring		Collaboration with Provincial HIV/AIDS activities in teacher sensitization during quarter and facilitation during six trainings conducted by LWF, Smiling Kids International, YWCA, Africare, MOH and MOE. Sensitisation meeting for teachers and parents in Chipata

				<p>schools.</p> <p>Exchange visit of Anti-AIDS club from Cronje to other schools</p> <p>CHANGES staff member participated in international conference & delivered paper on community based HIV AIDS activities.</p> <p>Collaborated with MOE on proposal for strengthening Anti-AIDS clubs activity to be conducted next quarter in selected schools.</p> <p>Linguistic aspects of counseling operations research workshop held to complete data analysis and literature review. Dissemination workshop to be held in Chipata in November 2003.</p>
School/Communities; Pupils and village communities	# schools engaged in debate competitions, quizzes, drama, choirs, essay writing, and various other innovative activities	Field monitoring Reports		<p>Locally developed materials on HIV submitted to CDC.</p> <p>SHN competitions operational including monitoring of HIV/AIDS activities and Anti-AIDS clubs, 60 SHN schools involved, activities include quizzes, plays, debates etc. Monitoring to continue next quarter and winners determined.</p> <p>Community Action using popular theatre training for key Zonal schools scheduled for October, includes training on HIV/AIDS plays and training on sensitizing schools and communities in HIV/AIDS issues.</p>

Southern Province:

1.HIV/AIDS	Number of Provincial, district and Zonal officials, and Community based animators sensitized & trained in HIV/AIDS issues	Workshop attendance figures	365	2,913
Indicator 1. There will be approximately 246 participants from the nine districts trained as ZCF and about 45 district and provincial officials. HIV/AIDS sensitization will be a part of that training curriculum. Therefore, a target total of 365 have been set (which includes 74 community mobilizers trained from Kazungula and Kalomo districts) in nine districts in southern province.				
2. HIV/AIDS Peer Educators	Number of Zonal –level action plans including the training of Peer educators for HIV/AIDS	Zonal –level action plans	41	57
Indicator 2. Of the approximate 82 Zonal-level action plans, 50%(41) of those are expected to include the training of peer educators.				

2. Highlights**Progress on the HIV/AIDS Impact Assessment:**

During the present reporting period, field data as well as secondary data were compiled and analyzed, and efforts continued to produce findings and to make projections about future trends on the basis of the data obtained. Considerable work was also done on finalizing the proposal to conduct an Orasure pilot-test to obtain first-hand data on HIV/AIDS prevalence within the education sector. Approval to go ahead with the pilot test presently depends on receiving prior approval from the MOH. As the study is winding down, a workshop is planned for 28-29 October in which the initial findings of the study will be presented to top management of the MOE as well as members of the assessment Working Group and Steering Committee members. During that workshop, plans for interventions in 2004 and onward will be developed.

Operations Research on HIV/AIDS Counseling (EP):

The EP Coordinator worked with Dr. Brad Strickland of USAID and Mr. Kenneth Hamwaka (Principal Education Officer, Guidance) of the MOE in Chipata to revise and edit the findings from the research conducted during 2002. A workshop for the 21 school counselors who participated in the study has been scheduled for November.

Proposal to Strengthen Anti-AIDS Clubs (EP):

During the reporting period, Mr. C.T.Mbewa, EP Provincial HIV/AIDS Coordinator, submitted a proposal and budget to train selected teachers as part of the SHN programme's continuing efforts to strengthen Anti-AIDS Clubs in schools. The SHN team has agreed to fund the proposal.

Printing and Dissemination of "HIV/AIDS Guidelines for Educators":

The CHANGES programme undertook the printing of 10,000 copies of the MOE document "HIV/AIDS Guidelines for Educators," a booklet with useful information about HIV/AIDS for use by teachers and head teachers in schools. CHANGES printed sufficient copies for

distribution to all primary teachers in EP and SP, and distribution is underway in both provinces.

Community-Based HIV/AIDS Counseling (EP):

Mr. Josias Zulu, SHN Technical Officer, assisted World Vision International by providing technical assistance to their master trainers who conducted a training course in Chipata District on community-based HIV/AIDS counseling. The workshop was conducted during 23 September through 3 October 2003.

Participation in HIV/AIDS-Related Conferences:

During 5-7 August, Josias Zulu attended the Southern African Network of AIDS Service Organizations (SANASO) at the Mulungushi Conference Centre in Lusaka. The conference, attended by participants from Botswana, Malawi, Zimbabwe, Mozambique, Angola, South Africa, and Zambia, focused on the issue of HIV/AIDS discrimination in the family, the workplace, and schools. Mr. Zulu presented the work the SHN component of CHANGES is doing to mitigate the effects of HIV/AIDS in EP.

On 8 August, Mr. Zulu attended the Zambia National AIDS Network (ZANAN) Congress, also held at Mulungushi Conference Centre. He was elected to sit on the 14-person National Liaison Committee, the highest ZANAN governing board, which provides the CHANGES programme with a fairly high-profile “seat at the table” with regard to HIV/AIDS work in Zambia.

Finally, during 29 September – 3 October, Mr. Zulu attended a USAID Education conference in Swaziland in which he presented papers on the SHN programme and community-based HIV/AIDS initiatives.

Hosting the US Ambassador’s Visit and Participation in an HIV/AIDS March (SP):

The CHANGES programme was asked to assist in hosting the US Ambassador to Zambia, Mr. Martin Brennan, and his wife, Giovanna, during their 15-16 August visit to Livingstone. On the 15th they met with the CSMC team at their office to get a feel of what the team is doing and how the CSMC work is being received by schools and communities. Various aspects were discussed, such as the overall CSMC model, the team’s successes and challenges so far, and the way forward. During the meeting the participants also discussed the importance of networking with other organizations working on the same issues, as well as the importance of bringing on board traditional leaders and the church.

The following day, Ambassador Brennan, his wife, and the CSMC team participated in an 11 kilometer HIV/AIDS solidarity and awareness walk, which was organized by the mayor of Livingstone in association with Contact Trust Youth Association of Livingstone, a youth group that is actively involved in HIV/AIDS awareness and prevention activities. The walk started at the main post office in town and continued to the Zambezi Sun Hotel. The programme included various sensitization activities through drama, song, poetry, dance, and other artistic messages. The theme of the walk and programme was: “Youth Arise and Fight HIV/AIDS.”

The CSMC team took a leading role in the solidarity march in the form of contributing financially to IEC requirements such as printing and procuring T-shirts and banners, renting a public address system, paying for the various groups that performed dances, drama, sketches, and procuring fuel to transport the participants back to town after the event. More than 2,000 people participated in the march, representing approximately 60 schools, church groups, NGOs, and government ministries. More than 40 people, as part of the day's activities, volunteered to be tested for HIV/AIDS.

Participation in Livingstone District HIV/AIDS Multi-Sectoral Task Force:

The CSMC Administrative Assistant participated in a three-day workshop organized by the Livingstone District HIV/AIDS Multi-Sectoral Task force (DATF). The task force is made up of various organizations that are fighting the HIV/AIDS pandemic in the Livingstone area. The CHANGES programme is increasingly gaining recognition as an active partner in the fight against HIV/AIDS in SP and thus is considered part of DATF.

D. Small Grants Mechanism (Cross-Cutting Component)

1. Progress in Southern Province (SP):

Considerable progress was achieved in SP with regard to awarding small grants. A total of 217 proposals were received and reviewed, of which 10 were approved for funding, which will take place next quarter. In addition, 14 new grants were awarded, bringing to 45 the total number of grants awarded in SP to date. Additional activities completed during the reporting period included: reconciliation of funds, formation of steering committees, monitoring of existing projects, problem solving, and capacity building. *(For more details on progress in SP, see CARE International's report in Appendix D.)*

2. Progress in Eastern Province (EP):

During the present reporting period, progress on the small grants mechanism in EP was hampered by the departure of the original Grants Manager, Mr. Julius Kampamba, and the need to recruit and train a replacement. As a result, no new grants were approved or awarded. However, the new Grants Manager was recruited and oriented, some disbursements to existing grantees were made, and monitoring of project sites was conducted. *(For more information on progress in SP, see CARE International's report in Appendix D.)*

II. PROGRAMME ADMINISTRATION

On the level of programme administration, there were several notable developments during the present reporting period. These are summarized below.

Representing CHANGES/CSMC in Forums (SP):

In a week-long meeting in Choma entitled "PAGE Review and Planning" (PAGE = Programme for the Advancement of Girls' Education) during 30 June-4 July 2003, the SP Coordinator, Anne Sikwibele, made a presentation on the CSMC and how the CHANGES programme interfaces with the PAGE Programme in SP. Further, the SP Coordinator represented the CSMC team in a Policy Project meeting in which stakeholders agreed to enhance coordination of their activities in the HIV/AIDS sector. The Coordinator also gave a

presentation on the CHANGES programme's work in basic education in Kazungula District at a workshop held by the Kazungula Education Board.

Documentation of the CHANGES Programme:

During 27 August through 16 September, two consultants from the US, Dr. Cesar Chelala and Ms. Wendy Robison, conducted research with a view to writing a publication on the SHN and HIV/AIDS work the CHANGES programme is undertaking. They met with stakeholders in Lusaka, met with the CSMC team and provincial ministry colleagues in SP, and participated in the SHN survey in EP. The publication will focus on best practices and lessons learned from CHANGES' work in SHN and HIV/AIDS, and should be available before the end of this year.

Meetings in Washington, DC Regarding the Programme Extension:

During the week of September 29-October 3, the Senior Technical Advisor participated in meetings at Creative Associates International headquarters in Washington, DC to discuss issues related to the extension of the CHANGES programme. Those strategic discussions were a prelude to the CHANGES team extension planning meetings that have been scheduled for 13-16 October in Lusaka.

III. CHALLENGES/LESSONS LEARNED

Considerable progress was achieved during the present reporting period in the face of several constraints and challenges. These constraints and challenges (and the lessons learned from dealing with them) are briefly summarized below.

Computer and Communications Difficulties (All):

During the reporting period, the Zamtel microwave link in Eastern Province was disrupted, causing difficulties in communicating by telephone and email. Also affecting EP was a power surge that burned out one of the office's main computers, which required repairs in Lusaka. In addition, computers in all three offices were infected with the "Blaster" worm/virus, which wreaked havoc and wasted a great deal of time until the virus was removed and new anti-virus software was installed on all programme computers.

Capacity Building of the New SHN Team in the MOE/HQ:

As described in the SHN section of the report, one of the main motivations for conducting the national-level SHN workshop during July-August was to continue to build the capacity of the new SHN team at the MOE/HQ. Due to restructuring, considerable institutional memory and capacity was lost, which now needs to be rebuilt. This is now happening, albeit slowly, with the SHN workshop, participation by the new team in the third SHN survey in EP, and ongoing planning and negotiations over the proposed SCI initiative to combat schistosomiasis in Zambia. While some progress has been made in developing the capacity of the new SHN team, the fact that they have many tasks and duties detracts from their ability to attend to the core SHN programme, which is a concern.

IV. ANTICIPATED ACTIVITIES (OCTOBER-DECEMBER 2003)

During the next reporting period, the following activities will be started, continued or completed:

A. CSMC:

- The research and verification in Siavonga District, which started on 21 September, will continue until 22 October.
- The Monze District site selection meeting will be held in early October.
- Planning for the CHANGES extension will be conducted in Lusaka during 13-16 October.
- A Mazabuka District Stakeholders' Meeting will be held on 20 October.
- The Mazabuka District Review workshop will be held in late October.
- Monze District research and verification site visits will be conducted in late October; research and verification will begin in early November and end in early December.
- The Sinazongwe District Profile will be completed in late October and the Gwembe District Profile will be drafted; the Mazabuka District Profile will be written during early November.
- Stakeholders' meetings will be held in Sinazongwe, Choma, Kalomo, and Kazungula Districts during mid- to late-November.
- The training of ZCFs and district officials from Siavonga District will be held during 17-22 November.
- The Siavonga District Profile will be written during the first week of December.
- Gwembe and Livingstone District Stakeholders' meetings will be held during the second week of December, as will the third Provincial Stakeholders' meeting in Livingstone.
- The writing of the Monze District Profile will start in late December.

B. SHN:

- All 50 intervention schools that participated in the third SHN survey this quarter will be followed-up; all positive cases will be treated and, in the case of schools with a 40% or higher infestation rate, all pupils will be treated for bilharzia.
- The EMIS pilot will continue, with a consultant returning in November to further work on training data entry persons in Chipata and Chadiza Districts, installing the template for data entry, and monitoring the overall programme.

- A refresher SHN administration training for two days will be conducted in schools that had lost previously trained teachers due to transfers, retirement, or death.
- Training of teachers and health workers in one of the remaining three districts of EP will be conducted as part of the expansion of the CHANGES programme.
- The management training manual for provincial and district officers will be completed.
- The distribution of IEC materials—for example the bilharzia flipchart, HIV/AIDS guidelines, and health cards—will continue.
- Community action training for zonal schools in how to start their own theatre groups for community sensitization will be conducted.
- Ongoing monitoring of the SHN programme in the five EP districts will continue; at the same time the school health competition will continue, and use of checklists to monitor health promoting schools will continue.
- The SHN team will participate with provincial and district government colleagues to develop work plans and budgets for 2004.

C. HIV/AIDS:

- A workshop to disseminate the findings from the operations research on HIV/AIDS counseling will be held in Chipata in November (EP).
- A workshop to strengthen Anti-AIDS clubs in schools (see section on HIV/AIDS activities) will be conducted (EP).
- HIV/AIDS activities that are an organic part of the CSMC in every district will continue in SP.
- The HIV/AIDS impact assessment will be completed by the end of the year and a Final Report will be submitted. Prior to that, a meeting to disseminate the findings and to do forward planning will be held with MOE top management.

D. Small Grants Mechanism:

- The provision of small grants will continue in both EP and SP.
- District Steering Committees will continue to be established in new districts.
- Capacity building in financial management and in maintaining administrative systems will continue.
- Monitoring of grants and projects will continue.

Appendix A

Dr. John Milimo's Consultant Report

**CHANGES/BESSIP PROGRAMME
CHANGES/BESSIP WORKSHOP REPORT
On the**

Dissemination of the Kazungula and Kalomo District Profiles

**Held at
FAIRMOUNT HOTEL
LIVINGSTONE
10th July 2003**

1. Background to the Workshop

The research component of CHANGES/CSMC Programme is carrying out research in all the districts of the Southern Province of Zambia. The objectives of the research are:

1. to identify factors which hinder girl child education in each district and
2. to identify factors which promote the spread of HIV/AIDS in each district.

At the time of the Workshop the research had been conducted in most of the districts. However, only two reports were ready, that is, those of Kazungula and Kalomo districts. The research findings have enabled the establishment of baseline information on the attitudes and practices which affect school attendance, especially that of the girl child and the factors which promote the spread of HIV/AIDS. The ultimate purpose of the research exercise is to challenge policy makers and implementers to initiate policy dialogue which will lead to policy change and subsequently the taking of appropriate actions on girl education and HIV/AIDS issues.

2. Workshop objectives

The workshop was convened precisely to do this challenging of policy makers and implementers to initiate policy dialogue and take appropriate action to improve girls school attendance and to counter the factors which spread HIV/AIDS. In particular the objectives of the workshop were:

- a) to enable participants to share the research findings of the two districts of Kalomo and Kazungula
- b) discuss the findings and make recommendations relating to policy and action plans which will adequately address the issues raised by the research and discussed by the workshop participants.

3. Workshop participants

A total of 41 people participated in the workshop. They were drawn from the Ministries of Education, Health and Community Development and Social Services at provincial and district levels. Staff from the CHANGES programme as well as a few of the field researchers also took part in the Workshop. A list of the participants appears at Annex 3 of the Report.

4. Workshop contents

Prior to the presentation of the actual findings a brief word on the way the Baseline Study was conducted was made. The facilitator pointed out that the research was participatory in nature. This means that it involved all categories of stakeholders at provincial, district, school and community levels in ways appropriate to each level. Thus at the district level the CSMC Coordinator was accompanied by relevant District staff when she went round the districts introducing the research to the schools that were to be involved in the study. At the school level

the school head teachers introduced the idea of the research and the research teams to the communities and their leaders. Village heads informed and facilitated research meetings with their 'subjects'. School going children and their teachers and ordinary community members participated in the research and drama performances that accompanied it. The idea of involving "everyone" in the generation of research data was to ensure that all concerned felt a sense of ownership of the research findings, and hence of whatever recommendations and actions that may follow the research exercise.

The research used three main study methods in generating the data that was discussed at the workshop. These were:

- i) quantitative methods which obtained data using school based data collection forms;
- ii) qualitativeparticipatory, action oriented research tools which obtained information on cultural and social beliefs, attitudes, practices and behaviour.
- iii) The information thus generated using the above mentioned research approaches was verified and cross checked using drama performances.

The research findings were presented at the workshop using an overhead projector. After the presentation participants asked a number of questions. Some of the questions related to the way the research was conducted, that is, to the reliability of the information collected. One critical question was the extent to which the findings reflected the authentic views of the communities which were visited and studied and not that of the researchers. This was perceived to be a very important issue for the reliability of the findings depended on it. So did any policy initiative and actions which may be a follow-up of the research. For if stakeholders were not very convinced of the validity and reliability of the research findings they would not be in a position to seriously discuss policy issues related to the substance of the findings.

At a brief discussion with the field researchers the following day the facilitator pursued this matter further and pointed to the fact that one and the same sentiment regarding parental attitudes towards education was found in the two districts and was phrased in exactly the same words in the two District Profiles:

"Fine, I will pay for your schooling but we should agree that I do not feed you in addition,"
(Kazungula Profile, p. 12 and Kalomo Profile, p.13)

The reader is left with the impression that the author of one of the Profiles just copied from the other. This may make the reader doubt about the credibility and authenticity of the rest of the report.

Other questions raised during the plenary session related to the substance of the actual findings. One of them was the prevalence of girls' initiation ceremonies; some participants thought that these ceremonies were not as common nowadays. Others pointed to the need to include boys' initiation ceremonies in areas where these take place.

After the questions and discussion in plenary session workshop participants broke into four groups to discuss the following four issues:

- i) Social and cultural aspects of girl child education and spread of HIV/AIDS;
- ii) Policy and legal issues;
- iii) Administrative and institutional issues; and
- iv) Capacity building.

The groups spent some time discussing their assigned topic as it related to the two issues of girl education and the spread of HIVAIDS. They were asked to discuss and verify the research findings and then come up with suggestions and policy recommendations on the issues. Before

reproducing the recommendations the factors which the research found to adversely affect school and attendance and the spread of HIV/AIDS are reproduced.

5. Summary of Factors which negatively affect girl educations and those which promote the spread of HIV/AIDS

5.1 Factors which negatively affect school performance

5.1.1 Home/Community related factors:

1. negative parental attitudes,
2. lack of parental supervision,
3. hunger which makes school kids go out looking for food instead of going to school or makes them too weak to go to school,
4. poverty which demands that children of school going age spend time working in order to provide for the family,
5. gender biases,
6. lack of role models,
7. initiation ceremonies which take away girls' school time and more importantly, inculcate marriage values at the expense of education,
8. early pregnancies and marriages,
9. late school enrollment, and
10. household chores children, especially girls are made to perform and which make them too tired to fully participate in class and do not allow them time to do school work at home.

5.1.1 School related factors

1. inadequate teaching staff; some schools are run by only one teacher;
2. unqualified teaching staff, especially in community schools;
3. inadequate teaching space and structures;
4. insufficient toilet facilities which especially affect girls adversely;
5. chores and errands teachers often make pupils to perform for them;
6. corporal punishment teachers administer on pupils;
7. "the disappearing" teachers; teachers spend up to one week in town when they go to collect their monthly salaries. In the meantime no one does the teaching at the school;
8. teachers' drinking habits. Some (male) teachers spend a considerable amount of the time that should be given to teaching drinking beer;
9. "male teachers' character": some male teachers sexually harass female pupils, thus discouraging them from attending school;
10. poor teachers' housing which demoralizes the teaching staff;
11. lack of Upper, and in some cases, Middle Basic School in the area;
12. inadequate resources, that is, inadequate supply of teaching/learning materials;
13. long distances to school; and
14. poor relationships between the school and the communities.

5.2 Factors which promote the spread of HIV/AIDS

1. polygamy
2. sexual cleansing rites (*kusalazya*)
3. inheritance of deceased' estate including the surviving spouse (*kumeneka muzimu*)
4. night dances and gatherings like parties and church gatherings
5. poverty which makes especially girls and women have sex with all sorts of people
6. traditional healer demanding/having sex from/with his patients
7. relationships with traders

8. tattooing

The research found out that communities in all the ten study communities, five per district, were very much aware of the HIV/AIDS pandemic. They refer to it with names and titles which implies that the ailment is incurable. Most, however, felt it was not yet very common in their areas; rather it is an urban disease. People suffering from it contracted in town and came back to their original homes to be nursed by close relatives.

6. Recommendations

The recommendations reproduced below were made by the four discussion groups which looked at the two issues of school attendance and the spread of HIV/AIDS from four different view points. One group explored the social and cultural issues associated with the factors which discourage good school attendance and those factors which promote the spread of HIV/AIDS; the second group looked at policy issues; the third and fourth groups looked at issues of administrative/institutional and capacity building respectively.

The recommendations made by the Workshop participants relate to policy formulation and actions plans which are aimed at addressing the two key issues of school attendance and the spread of HIV/AIDS at several different levels, namely, the home and community level, the school, district and provincial or zonal levels. Those that apply to the community level are presented first, then those at the school and other higher levels come next. This is done in order to have all the relevant suggestions and recommendations that apply to one level together to enable the policy maker and planners at the respective levels to easily find out what they are supposed to be doing.

6.1 Home and Community Level

6.1.1 School attendance

- Girls need to be sensitized on the benefits of education.
- Sensitize communities on factors which are responsible for low enrolment of girls and for their poor school performance.
- Provide guidance to the instructors of girls' initiation ceremonies (and boys' ceremonies wherever they exist) restructure the syllabus of the ceremonies in order to de-emphasize contents which put overdue emphasis on sex and marriage and thus detract the initiate from schooling.
- 11 to 15 year olds should only be taught things to do with sanitary matters; the rest of what is taught during the initiation ceremonies should only be taught shortly before marriage.
- Instructors at girls' initiation ceremonies (*bana chimbusa*) should be respected people in the community and should have good marriages.
- Sensitize communities on the advantages and disadvantages of initiation ceremonies.
- Intensify the girl child's education using qualified personnel.
- Equip children with information to make informed decisions.
- Equip the girl child with life skills.
- Village heads should help to monitor children's school attendance.
- The Convention on the Rights of the Children should be taught and copies of the Convention should be made available to communities, including the children themselves.

- The Convention on the Rights of Children (CRC) should be part of the school syllabus.
- Policy makers should implement the CRC.
- Children should be made aware that they have the right to sue parents or guardians who fail to provide for them.
- Traditional authorities and parents should be sensitized on the rights of children
- Build capacity in human rights and the rights of children.
- Parents and civic leaders should be sensitized in order for them to support girl child education.
- Communities should be sensitized and mobilized to provide upfront materials to rehabilitate and/construct good school structures. All key stakeholders and prominent people in the community should be involved in this.
- Communities through their Parents Teachers Associations (PTAs) and PMCs should assist in improving school infrastructure.
- PTAs should play their roles and control erring teachers.
- Communities should encourage pupils to be good role models.

6.1.2 Spread of HIV/AIDS

- Sensitize communities on factors which contribute towards the spread of HIV/AIDS
- Involve and sensitize key persons in the community, e.g., village heads, school heads, chiefs and church leaders, in issues related to HIV/AIDS including factors which lead to its spread.
- Traditional authorities and civic leaders should ban practices which enhance the spread of HIV/AIDS. These practices include night dances, nightly meetings like those held by some churches, sexual cleansing and inheriting of widows and widowers
- Provide adequate training to peer educators and/or community facilitators to enable them carry out their functions of implementing HIV/AIDS preventive measures properly.
- Empower youths by providing them with skills training.
- Provide training in survival skills to orphans and vulnerable children (OVC).
- Provide appropriate training to community based organizations (CBOs) and non governmental organizations (NGOs) which work with orphans and OVC and with people living with HIV/AIDS.
- Promote voluntary counseling and testing (VCT) services in the community.

6.2 School Level

6.2.1 School Attendance

- Teachers should encourage girl-pupils and those who may have dropped out to come back to school ,
- A forum should be provided for pupils to discuss issues related to their education.
- Open days should be encouraged.
- School managers should be encouraged to be transparent.
- School managers should report all cases of indiscipline on the part of the teachers.
- School managers should invite role models to their schools
- Teachers should be trained in issues of sex, HIV/AIDS and reproductive health.
- Teachers should be trained in the use of HIV/AIDS materials.
- Peer educators and counselors at the school level should be trained and used.

- Training in monitoring skills should be provided to key stakeholders, i.e., teachers, peer educators and counselors.
- Capacity building in survival skills should be provided to OVC.
- Pupils should be provided with life skills.
- Teachers should be trained in implementing life-skills.
- Pupils should participate in school work (manual) which is appropriate to their age.

School Level

- sensitize the school community, especially the pupils, on issues related to HIV/AIDS through drama, video shows and poems.
- Train peer educators to carry out and transmit relevant messages which will help to prevent the spread of the pandemic to their fellow pupils.
- Form Anti-AIDS clubs at school which will promote messages that constrain the spread of HIV/AIDS.

6.3 District Level

6.3.1 School Attendance

- The District Education Officer (DEO) should have direct contact with schools.
- There should be an improvement in the supply of teaching/learning materials in the schools.
- The DEO should assist schools by linking them to organizations which can provide assistance of one form or another.
- District Managers should enhance monitoring of activities in the schools.
- Stiff and timely punishment should be meted out to teachers who are undisciplined.
- Where school heads are not reporting issues of erring teachers, the DEO's office should rely on reports from other organizations like CHANGES.
- There should be full time counselor who will give quality counseling services to pupils.
- The District authorities should assist schools to improve their infrastructure and/or sources for funds to carry out school infrastructure rehabilitation.
- Female teachers sent to rural schools should be sensitized to uphold professional ethics in order for them to be good role models.

6.3.2 Spread of HIV/AIDS

- Provide re-fresher courses to district teams in project monitoring and implementation.
- The District should provide Training of Trainers sessions in order to adequately combat the spread of HIV/AIDS.

6.4 Zonal/Provincial (and National) Levels

6.4.1 School Attendance

- Train more teachers and shorten the training period.
- Improve conditions of service in order to retain teachers working in rural settings. According to the workshop participants improved conditions will include better teachers' houses, introduction of solar power to generate electricity and good access roads to the schools.
- Attract female teachers who will act as role models to the female pupils at the schools.
- Teachers to teach for at least three years at any one given school before being transferred elsewhere.

- The teacher training course should have a component on counseling to enable them handle difficult pupils.
- Train school and community based facilitators in the following:
 1. planning and management skills;
 2. monitoring skills;
 3. HIV/AIDS and gender issues; and
 4. implementation of activities.

6.4.2 Spread of HIV/AIDS

- There is need to sensitize top managers on issues of HIV/AIDS
- The Province should organize training of trainers sessions in order to ensure that HIV/AIDS preventive measures are correctly implemented.
- Initiate awareness campaigns such as interactive drama and distributing I.E.C. materials.
- Make V.C.T. facilities available.
- Provision of condoms by the Ministry of Health which should be distributed by the Ministry of Education.
- Train teachers in interactive methodologies
- Support the initiatives of ZCFs be it monetary, materially or otherwise.

Annex 1 Workshop Programme

Time	Activity	Facilitator
08:00hrs – 09:00hrs	Arrival and Registration	CSMC
09:00hrs – 09:15hrs	Welcome and introductions	CSMC
09:15hrs – 09:30hrs	Objectives of Workshop	CSMC
09:30hrs – 09:45hrs	Official Opening	P.E.O
09:45hrs – 10:00hrs	Research Background Information	Stephen
10:00hrs – 10:15hrs	Tea Break	
10:15hrs – 11:30 hrs	Presentation of research findings	J. Milimo
11:30hrs – 12hrs	Plenary	CSMC
12:00hrs – 13:00hrs	Discussions in theme groups	J. Milimo
13:00hrs – 14:00hrs	Lunch	
14:00hrs – 15:40hrs	Theme groups report back	J. Milimo
14:40hrs – 15:15hrs	Plenary	
15:15hrs – 15:30hrs	Tea Break	
15:30hrs – 16:00hrs	Official Closing	Dr.A. Sikwibele

Annex 2 List of Workshop Participants

List Of The Participant At The Kazungula And Kalomo Profile Dissemination Workshop

NO	NAME OF PARTICIPANTS	INSTITUTION FROM	PHONE NUMBER
1	G. Lubinda	Education {L/Stone}	03-323351
2	T.M.Kapenda	Education {L/Stone}	03-321421
3	Winfredah Kayunyi	Z .I .S {L/Stone}	097-809568
4	Elvis Mwanalushi	Education {K/Gula}	03-320351
5	E.S. Siyauya	Education {K/Gula}	03-320351
6	Muyunda M.Phanuez	Comm .Dev .{Prov}	03320525
7	Lontia Chinkubala	Save The Children	03-320819
8	Evan Mbozi	Save The Children	03-320819
9	C .N . Sakala	Education P .E .O	097-777356
10	L .M . Muvwanga	L/Stone P . R . C	03-323104
11	S. S. Mulenga	K/Gula-Mukuni Sch.	
12	A.S.Masilani	Dis. Kazungula	
13	M. Nawa	Zambia Police Vsu	03320116/7
14	Gwendolyne Sampa	Social Welfare	097-889748/323880
15	Yvone Chukwa	Social Welf. K/Gula	097-800258/323080
16	Muteba Morrice	Dapp-Hope Station	097-805672
17	Moses Sakala	Y .W .C .A	097-787692
18	C . Mweene	N .G .O .C .C	03-322675
19	Fines C. Muzoka	Education Kalomo	032-65067
20	Lemmy Likando	Z .I .S	03-320196
21	Haambokoma S.	Education Kalomo	032-65067
22	Solomon Mweemba	Education D/P .E .O	03-320867
23	Anne Sikwibele	Changes/Csmc	03-321070
24	Virginia Mutale	Comm. Development	03-321332
25	Precious Musihli	Comm. Development	097-755332
26	Patricia Hamweemba Habeenzu	Kalomo Dhmt	032-65045
27	Dr John Banda	Kalomo Dhmt	032-65045
28	Judith Mutale Chileshe	W .V .Z Livingstone	03-322367
29	Mwape Walumba	Social Welfare	323880
30	Malumo Maluma	Education Kalomo	03-324358
31	Chanda Stephen	Changes	097-821763
32	Obed Phiri	Changes-C .S .M .C	097871194
33	Rodewell Mbewe	Changes-C .S .M .C	03-320826
34	Margaret P. Siamasamu	Social Welfare Kalomo	
35	Martha Mudeene	Community Development Kalomo	
36	Godfrey Musopelo	Education L/Stone P .E .O	321873
37	Estelle Mukonde	Health Kazungula	322445
38	Stanslous Ngosa	Times Of Zambia Livingstone	097-850936
39	Pride Bwalya	Scope-Cvc Kazungula	097-887000
40	Buleya Luckson	Adeo- Kazungula	03-320351
41	Maxwell M . Bbalo	Education Livingstone	097-787745

Annex 3 Notes for the Stakeholder Workshop for the Dissemination of the Kazungula and Kalomo District Profiles.

NOTES FOR THE STAKEHOLDER WORKSHOP
organised by
The CHANGES/CSMC PROGRAMME IN THE MINISTRY OF EDUCATION
held at
Fairmount Hotel
Livingstone
10th July 2003.

1. Introduction

1.1 Workshop Objectives

The overall purpose of the workshop is to deliberate on, and (try to) find appropriate and effective ways of addressing two critical issues which affect school going children, and society at large. The issues are:

1. improving children's school performance, especially that of girls and other vulnerable children; and
2. preventing the further spread of HIV/AIDS.

In order to adequately address the above issues the workshop participants need to have a very clear understanding of the factors which are responsible for the poor school attendance, performance and retention of pupils, in particular school performance of girls and other vulnerable children and also the factors which relate to the spread of HIV/AIDS.

A Baseline Research has been carried out in nine districts of Southern Province precisely to explore the two mentioned issues. Its purpose has been to identify the above mentioned factors. Reports from two districts, namely, Kalomo and Kazungula, are complete. The first objective of this workshop, therefore, is to share the findings of this study. Then the Workshop will discuss the key factors that have been found to adversely affect school attendance and those that promote the spread of HIV/AIDS. The workshop will then attempt to identify and suggest corrective measures on both the spread of HIV/AIDS and on poor school performance. In summary the workshop objectives are to:

1. share the Baseline Research findings;
2. discuss factors causally related to poor school attendance and to the spread of HIV/AIDS;
3. develop policies and action plans which will adequately address the above mentioned negative factors, thus improving upon children's school performance and helping to prevent the further spread of HIV/AIDS.

1.2 A Word on the Baseline Research

1.2.1 Study Objectives

"The main objectives of the research were to identify factors that contribute to low (school) enrolment and retention of girls and other vulnerable children in basic education, and those factors that contribute to the proliferation of HIV/AIDS," (Kazungula District Profile, p. 5).

1.2.2 Participatory Nature of the Baseline Research

The Baseline Research was conducted in a participatory manner. It involved all the possible key stakeholders in the issues being investigated into. This was in order to create a sense of ownership of the research process and especially of the research findings and actions that might come out of it. The stakeholders involved included:

- the District Education Teams some of whose members, together with CHANGES Provincial Coordinator visited the five schools in which the research was to be conducted;
- school head teachers who introduced the research teams to the communities, participated in organizing the research process in their school catchment areas and also took part in some of the research sessions and drama performances;
- village heads who informed and facilitated research meetings with their “subjects”;
- school going children and their teachers; and
- the ordinary community members who participated in the research and the drama performances that accompanied it. They also participated in the verification discussions which followed the drama performances.

1.2.3 Research Methods

Three distinctive research approaches were used, namely:

1. **Quantitative data collection:** This used a survey and school based data collection forms. The approach collected statistical data.
2. **Qualitative participatory tools:** This involved qualitative participatory action oriented methods and tools of data generation. The approach is good at getting at cultural and social beliefs, attitudes, practices and behaviours some of which affect the spread of HIV/AIDS while others act as constraints to good pupil performance. The approach provided reasons why, for instance, many children do not succeed at school, why some do not like schooling, why many girls get pregnant early, and so on;
3. **Community drama:** As soon as relevant issues relating to the two study issues, namely poor school performance and spread of HIV/AIDS, came out, the research team developed a storyline for a drama performance in which they engaged community members, teachers and school children. Members of the community commented on what they had seen in the drama performance. In other words, the research findings were there and then thrown back to the community in order to for the latter to reflect and comment on them, thus providing instant counter-checking, verification and triangulation of the findings.

1.2.4 Sampling

As already indicated, nine districts in the Province have been selected for this study. In each of these districts five schools and their catchment areas were selected. The criteria for selecting the schools were:

1. “schools which are not too distant from each other, in order to facilitate mobility;
2. “schools which are located in communities with varying levels of community support, i.e., those communities with greater involvement in the schools and those with minimal community participation;
3. “schools which have low enrolment of girls and retention rates in basic grade levels; and
4. “schools which have a larger number of vulnerable children, particularly orphans,” (Kazungula District Profile, p. 5)

Kalomo added a further criterion, namely, “at least two schools should be under the Programme for the Advancement of Girls’ Education (PAGE) programme,” (Kalomo District Profile, p. 6).

The schools sampled and studied were:

Masempela and Monde in Chief Sipatunyana's area, Katanda, Najinka and Mabuyu in Chief Siachitema in Kalomo district. Those from Kazungula district were Siamasimbi in Senior Chief Mukuni's area, Maunga in Chief Musokotwane, Nyawa, Siamundele and Chooma River School in Kazungula district.

1.2.4 The Research Team

The research team consisted of 15 men and women who sub-divided themselves into five groups of three each when conducting field research. The team had been trained in the three above mentioned research approaches, namely quantitative and qualitative data collection and in drama performances.

2. Research Findings

2.1.1 Identification of Factors which Contribute to Poor School Performance

Two types of factors were identified, namely, those related to the school itself like school physical infrastructure or teachers, and those that are closely associated with the home and community of the pupils.

The table below shows the factors which were identified as negatively affecting school performance in the two districts of Kazungula and Kalomo.

Table 1. Factors which negatively affect school performance by study site

Factors (School Related)	Kazungula	Kalomo
Inadequate teaching staff	X	X
Community Teachers	X	
Lack Of Sufficient Space & Structures	X	X
Untrained Teachers	X	
Insufficient Toilet Facilities	X	
Lack Of Resources	X	X
Male Teachers' Character	X	X
Parental Attitudes	X	X
Corporal Punishment	X	X
Chores And Errands For Teachers	X	X
Teachers' Housing	X	
Lack Of Middle & Upper Basic Schools		X
Teachers Drinking Habits	X	
Long Walking Distances	X	
Parental Attitudes	X	X
Lack of parental supervision	X	
Family living arrangements		X
Hunger and food scarcity	X	X
Lack of role models	X	X
Providing for the family		X
Gender biases	X	X
Initiation ceremonies (nkolola)	X	X
Relationships between school and community	X	X
Late enrollment		X
Flooding of streams	X	

Source: Field Data

2.1.2 Elaboration on factors negatively affecting school performance

The factors mentioned above can be grouped into the following six categories, namely, (i) those to do with school infrastructure, (ii) those to do with teachers, (iii) those to do with parents, (iv) those to do with the local culture and practices, (v) those to do with the school pupils themselves and (vi) those brought about by external forces.

i) School infrastructure teaching/learning materials

These include lack of sufficient space and structures at the school. Examples are reproduced below:

- staff offices or classrooms being used as accommodation for teachers;
- teachers living in grass-thatched houses,
- head teacher's office being used as storeroom,
- leaking classroom roofs which make it difficult for pupils to concentrate when it is raining,
- male and female teachers sharing the same toilet facilities; sometimes they share these with the pupils,
- inadequate supply of teaching and learning materials,
- absence of upper school grades, and
- long distance to the nearest urban centre.

The above tend to depress the morale of the teachers. This contributes to the poor performance of the pupils for non motivated teachers do not produce the best students.

ii) “The teachers are the culprits!”

A number of issues relating teachers to poor pupil performance, especially that of the girl-pupil, were highlighted in the Baseline Research. In the first place some schools are understaffed. Some have only one person who acts as both head of the school and teacher of a minimum of four school grades. This was said to be far too inadequate a number of teachers. Female teachers in the more remote schools are even rarer. In some cases, especially in Community Schools, the teachers are not trained at all.

Teachers' morale has already been referred to above. In addition to school physical infrastructure negatively affecting morale, teachers' working conditions of work were also said to further dampen teachers' spirits.

There were complaints in the two districts, and practically in all the five school catchment areas of each district, against teachers' behaviour which included the following:

- administering unwelcome corporal punishment to school pupils,
- using school pupils to carry out teachers house chores and work in their fields,
- making sexual advances to female pupils,
- disappearing for periods of up to two weeks each month when they are supposedly collecting their monthly salaries. *When they so disappear and return after so long nobody questions them but when a pupil is a few minutes late for school s/he is punished,* and
- deplorable drinking habits. Often the drinking takes place during school hours and children “feel cheated of their time in the classrooms with effective teachers,” (Kazungula District Profile, p. 12). Like the issue of teachers' absenteeism from school nobody gives them any reprimand if they spend time drinking instead of teaching.

All above do not promote school attendance and performance. It is the privilege of this workshop to discuss the above issues and to come out with possible solutions to the problems they cause.

iii) Parents: a stumbling block!

Education is not a priority for most parents. They do not encourage their children to attend school. Encouragement would have taken the form of discouraging school-going children from frequenting parties and dances which make the children too tired to go to school the following day. Neither do the parents supervise their children's school work. There does not seem to be much value parents attach to education. This may be a result of the fact that very few go into higher education and that even those with high educational achievements rarely find much to lucratively use their education on.

iv) Culture prevents good school performance?

Nkolola (the initiation ceremony) which is performed when a girl reaches the age of puberty was said to adversely affect girls' school attendance and performance and indeed that of the boys also. This is so for a number of reasons:

1. The girl is secluded in a hut for a number of weeks or sometimes months as she is being instructed how to live as a married woman. She misses classes this way;
2. The initiation she goes through tends to orient the girl more towards marriage than towards education and hence, when she comes out of the seclusion (initiation) hut her mind is more geared towards marriage and not towards education. In other words, and as the girls themselves revealed, the girls find themselves out of place when they rejoin the school after weeks or months of seclusion;
3. There is usually a considerable amount of pressure on the initiated girl to get married after the ceremony; and
4. The dances which take place in the evenings while the girl is in seclusion draw other girls and boys to them thus detracting them from school.

Gender biases which are inbuilt into the social fabric of the community are another factor that constrains girls from accessing good education. Society would rather educate the boy and not the girl for the latter's destiny is fully realised when she marries. Absence of role models compounds the situation. In most of the study sites there are hardly any women who have successfully completed their education and to whom young girls can look up to.

v) Poverty related factors

Poverty and the scarcity of food are factors which negatively affect children from poor families especially orphans and other vulnerable children. Instead of going to school they spend their time trying to fend for themselves and their families either by getting involved in income generating activities or gather wild fruits in the bush.

2.2 The HIV/AIDS Pandemic

2.2.1 A Word on HIV/AIDS

Communities in the study sites all knew about the HIV/AIDS pandemic although they claimed that it was not common in their communities. Only people who contract it in town come back to the village to be nursed by their relatives. Their perceptions of it are enshrined in the names and titles they give it. Some of the names are:

- *ijuni* –bird of prey; once it grabs a chick (a human being) it does not let go. The prey for sure dies;
- *kalaye nyoko*- “go and say bye to your mother,” the meaning is obvious;
- *bulwazi bwa chikuwa* “illness of town or of white people”
- *sikalileke* –hopeless or useless.

There are several other names which all denote the fact that the illness is incurable.

The womenfolk tend to have better access to information relating to HIV/AIDS than the men and the children. They get this information when they attend ante-natal and post-natal clinics. Some schools include lessons on HIV/AIDS in their curriculum. Some schools have Anti-AIDS clubs which are supposed to promote messages that prevent the spread of the pandemic. However, the teachers talked to during fieldwork confessed their inability to properly handle issues of HIV/AIDS. They are not like the nurses at the health centres who have received special training for this assignment.

2.2.2 Factors which contribute towards the spread of HIV/AIDS

The table below shows the factors which research participants blamed for the possible spread of HIV/AIDS

Table 2. HIV/AIDS promoting factors by study site

Factor	Kazungula	Kalomo
Polygamy	X	X
<i>Kusalazya</i> (Cleansing)	X	X
<i>Kumeneka muzimu</i> (inheritance of deceased estate and spouse/widow)	X	
The Sex Culture	X	
<i>Sambe Usalale Wash and be clean</i>	X	
Poverty		X
Relationships with Traders		X
<i>Malindo</i> and <i>Ngoma</i> (night dance)	X	X
Concert party (tea party)	X	
Church gatherings		X
Tattoos		X

Source: Field data

Discussion of the above factors:

Polygamy is widely practiced in the two study districts. The chances of contracting the HIV virus in a polygamous union were high and research team found that many recently initiated girls had left school in order to enter polygamous marriages. The fear of AIDS has not yet begun to reduce the number of the polygamous marriages.

Cleansing (*kusalazya*): Traditional belief has it that a widowed man or woman is unclean until s/he is cleansed. Most of the cleansing takes a sexual form between the surviving spouse and a close relative of the dead one. The fear of AIDS has also not yet begun to change attitudes and practices in this regard.

Kumeneka muzimu (inheritance of the deceased estate): The estate includes the widow (who might be infected by the deadly virus).

Samba usalale (wash and be clean): As the major healing activity the traditional healer makes love with a barren woman in order to “open her womb”. This is unprotected sex and there are many clients who seek this service. In this way sexually transmitted infections (STIs) and HIV/AIDS are spread. This practice was, however, not very wide spread as it was found in only a few areas, especially Nyawa.

Night dances (*malindo, ngoma and nkolola*) As the English translation shows, these dances take place at night. The events which are associated with these dances include *nkolola*, i.e., girls initiation ceremonies, weddings and memorial services (*mweesyvo*). Sex is practiced rather freely during these occasions. This may lead to the spread of STIs including HIV/AIDS.

The sex culture: The researchers’ concluding opinion was that study rural communities were overly interested in sex. Everything seems to revolve around it. Men take pride in impregnating young girls. This leads to over indulgence in sex and hence leads to HIV/AIDS infections.

Church (nightly) gatherings: Instead of saving people and their souls church gatherings often lead to promiscuous behaviour and hence to the spread of STIs and HIV/AIDS. They also lead to early pregnancies and hence dropping out of school.

Tattoos: Tattoos are incised on people’s bodies for a number of reasons. Unsterilised razor blades are used on several people. This obviously can cause HIV/AIDS infections. The “erroneous belief” that healthy-looking persons cannot contract the HIV/AIDS virus assures them that there is no such danger of getting infected.

3. Discussion Issues

The discussion in Section 2.1 above has already sub-grouped the relevant issues into the following:

- school related factors
- teacher related factors
- parents related factors
- factors to do with the culture and
- those dictated by poverty,
- only one factor was found to be related to the pupils themselves, namely late enrolment.

Most of the factors which tend to promote the spread of HIV/AIDS are associated with traditional culture.

The challenge before the workshop is find ways of addressing these factors so that their effects on both poor school attendance and on the spread of HIV/AIDS are minimised.

The discussions are to be on all the following important levels, namely:

- community level,
- school level
- district level
- provincial level and
- national level.

Appendix B

Dr. Linda Jarvin's (SI) Trip Report

**Cognitive Assessment for Basic Education Sub-Sector Investment Program in Zambia:
School Health and Nutrition Component**

***Field Report – Successful Intelligence (SI) representative's
(Dr. Linda Jarvin's) travel to Zambia,
September 2-18, 2003***

This trip had four main objectives:

Conduct a dissemination workshop in Lusaka on September 5, 2003 in conjunction with Partnership for Child Development (PCD) and HEARD. The objective of this workshop was to update Zambia-based and international partners on the status of the project.

Conduct a train-the-testers workshop. The workshop was to be conducted to train testers who will administer the cognitive assessment instrument in the schools participating in phase III of the SHN program. Testers were to be trained to administer the instrument and to collect and forward data to SI, as needed. Since all testers have worked with SI in previous years the duration of the workshop was to be reduced to 3 instead of 5 days. This workshop was to be held in Chipata, September 7-9, 2003.

Coordinate efforts with the local manager. Local supervising personnel were to be trained to monitor the implementation of the cognitive assessment in SHN phase III to ensure quality control and to report observations and recommendations. In addition to training on how to monitor and supervise implementation, the local manager was to collaborate with the data entry personnel on data management and analysis as it applies to studying and reporting results from the cognitive assessment.

Monitor the initial implementation of the cognitive assessment instrument in SHN schools and report findings. Implementation was to start in Chipata and Chadiza districts on September 10, 2003.

All four objectives were met, as detailed below.

a) Dissemination workshop

A dissemination workshop of findings for phases I and II of the SHN survey was organized in Lusaka on September 5, 2003. The power point presentation and hand-outs produced for this meeting were submitted to the Lusaka CHANGES Office separately.

b) Train-the-testers workshop

Sample

Training took place at the Chipata School District Resource Center in September 2003 (September 8–9, 2002). All participants were veteran testers from phases I and/or II of data collection and the training only lasted for 2 days. Table 1 lists participants who took part in the training workshop.

Table 1. Teachers Trained in Z-CAI Administration, September 2003

NAME	DISTRICT
1. Mr. Tembo Kondwelani **	Chipata
2. Ms. Mwambula Vestina *, **	Katete
3. Ms. Phiri Tomaida **	Chadiza
4. Ms. Nyimbiri Ruth **	Chadiza
5. Mr. Chirwa Robbie *, **	Chadiza
6. Mr. Nyirenda Maxwell **	Chipata
7. Mr. Banda Exodus **	Chipata
8. Mr. Banda Numelo **	Chipata
9. Mr. Simfukwe Joseph **	Chipata
10. Mr. Zulu Wilson **	Chadiza
11. Sr. Phiri Rosemary **	Chipata
12. Ms. Simwanza Edna **	Chipata
13. Mr. Zulu Paul*	Chama
14. Mr. Kalumbila Cosmas *, **	Chipata
15. Mr. Kasaro Zedekia *, **	Chadiza
16. Mr. Phiri Gibson * **	Chama
17. Mr. Tembo Patson Kanyama *, **	Chadiza
18. Mr. Nyangu Zakeyo Ackim *, **	Chipata
19. Ms. Lungu Okedi *	Chipata
20. Ms. Ngulube Foster *, **	Chama

*Veteran test administrators from the 2001 survey.

** Veteran test administrators from the 2002 survey.

Based on observations made during the workshop, the testers were divided into four teams, composed as described in the table below.

Table 2. Z-CAI Team Composition During Phase III Data Collection

Grade Tested	TEAM 1	TEAM 2	TEAM 3	TEAM 4
Grade 7	Mr. Kalumbila C.	Ms. Ngulube F	Mr. Kasaro Z	Mr. Phiri G
Grade 6	Mr. Nyirenda M.	Mr. Simfukwe J.	Ms. Lungu O.	Mr. Tembo K.
Grade 5	Ms. Phiri T.	Ms. Simwanza E.	Mr. Banda N	Ms Nyimbiri R
Grade 4	Sr. Phiri R.	Mr. Banda E.	Mr. Zulu W.	Mr. Zulu P.
Grade 3	Mr. Chirwa R.	Mr. Nyangu A Z	Ms. Mwambula	Mr. Tembo P.K.
Team Leaders	Mr. Chirwa R.	Mr. Nyangu A Z	Ms. Lungu O.	Mr. Phiri G
Reading Asmnt	Mr. Chirwa R.	Mr. Nyangu A Z	Ms. Mwambula	Mr. Tembo P.K.

Content

During day 1, testers were trained in the administration of the Z-CAI assessment battery until satisfactory levels of reliability and standardization of procedures were reached. All testers were also trained to administer the Grade 5 National Assessment (G5NA) in English and Nyanja. Mr. Michael Chilala from the Examination Council of Zambia (ECZ) provided training.

During day 2, all cognitive and biomedical team members were given a presentation on last year's survey results by Drs. Beasley and Jarvin, and then the cognitive team pursued training on the Z-CAI.

As specified in table 2, four of last year's participants were trained to administer the Nyanja/English Reading tests: the WISC III digit span, Single-Word Reading and Grade 5 Spelling. All assessments were administered in both Nyanja and English.

c) Implementation coordination

Team coordination

In order to avoid previous years' lack of coordination between the cognitive and bio-medical teams, a new procedure was put in place to coordinate efforts. Team leaders from both teams met during the workshop and were trained to register children jointly. The procedure is as follows: upon arrival at a school, the two team-leaders sit down next to each other and call children (based on previous year's list) by grade level, starting with grade 7 and ending with grade 2. Each team leader completes the personal information (name, age, verify ID number, gender and grade) on the score sheet (cognitive or biomedical) and the two team-leaders assist in other to check that the information entered is correct. After registration pupils proceed to height and weight measure, blood collection and stool and urine sample collection. Finally, pupils proceed to cognitive testing in their respective classrooms. At the end of the session, they were given snacks, pencils and books.

To monitor this new procedure and further enhance collaboration, the 8 team-leaders (4 cognitive and 4 biomedical) met at the beginning and at the end of each data collection week throughout the duration of the survey.

Successes and Problems during Data Collection

Contrary to previous years, there was no perceived lack of coordination between team leaders (Z-CAI and biomedical teams), which affected other team members. Thanks to the new collaborative procedure put in place there was no longer a lack of communication regarding the distribution of snacks to pupils, and no pupils went without snacks.

The major problem encountered in phase III was the overall high attrition rate in previous years' samples. In addition, in some schools there was a perceived lack of adequate information provided to schools before the arrival of testing teams to ensure that a maximum number of students from previous years would be present at the specified hour. For example, in small schools where grades 3-5 do not start classes until the afternoon (13 hours), pupils in the survey sample should have been asked to report at 8 hours, but this was not always the case.

d) Implementation monitoring

The original survey designed called for a total of 80 schools to be surveyed over the 3 year:

- 20 intervention and 20 control schools in Year 1 (2001)
- 40 intervention and 20 control schools in Year 2 (2002)
- 60 intervention and 20 control schools in Year 3 (2003)

The data collection was however revised, as described below.

Revised Design for Phase III Data collection

The original design called for data collection from a total of 80 (60 intervention and 20 control) schools in year 3. Given the logistical difficulties associated with such a large data collection, and advantages associated with implementing incomplete data collection designs compensating for incomplete data with appropriate statistical modeling methods, we suggest to reduce the sample size of schools to be visited in year 3, as described below.

Table 1: Original design

Year	School status (n)	School status (n)	School status (n)	School status (n)
1	Intervention (20)	Control (20)		
2	Intervention (20)	Intervention (20)	Control (20)	
3	Intervention (20)	Intervention (20)	Intervention (20)	Control (20)
<i>revised</i>	<i>Intervention (20)</i>	<i>Intervention (15)</i>	<i>Intervention (15)</i>	<i>Control (10)</i>

The original design called for assessment of a total of 80 schools by the end of year 3. In the suggested revised design, a total of 60 schools will be included in the final sample.

In order to maximize the amount of incomplete data points that can be imputed based on available complete data, we will retain the complete sample of students from the Year 1 intervention group and randomly reduce the other samples by 25-50%. The randomization is based on mean ability scores at the school level and insures that redundant data points are deleted (i.e., when two schools have very close mean ability scores they add no new information and one of the schools will be deleted from the new sample) while the variance one would have observed in the complete (n=80) sample is kept in the reduced sample (n=60). This reduction strategy is based on McArdle's work¹ on the utilization of Structural Equation Modeling (SEM) with incomplete longitudinal data samples. Schools were matched for mean ability score and standard deviation in the first year of data collection (year 1 for schools 1-40, year 2 for schools 41-60). Clusters of schools were created as adequate (see table 2) and all but one school retained based on random selection (tossing of a coin). Mean and standard deviations are provided in table 3.

Table 2: Matched schools

Schools 21-40 (Intervention year 1): all schools retained

Schools 1-20 (Control year 1)

1 & # & 11 & 18	2 & 4 & 5 & 10 & 20	13	6 & 15 & 17	
7 & 8 & 14 & 16	9 & 12		19	

Schools 41-60 (control year 2)

41 & 49 & 55 & 58 & 60	42 & 57	43 & 44 & 46 & 53	45 & 52	47 & 48 & 51 & 54 & 56
50	59			

Table 3: mean ability scores and standard deviations

SCHOOL	Mean	Std. Deviation	SCHOOL	Mean	Std. Deviation
1	0.0315	0.9307	41	-0.0113	0.9032
2	0.2184	1.1097	42	0.4310	0.8259
3	0.1346	0.7747	43	0.0247	0.8193
4	0.3319	0.9733	44	0.0751	0.8876
5	0.3577	1.2173	45	0.1734	1.0320
6	0.4878	0.8352	46	0.1534	0.8570
7	0.1827	0.8938	47	-0.3483	0.7866
8	0.2323	0.7591	48	-0.3965	1.0591
9	-0.0323	0.8667	49	-0.2130	1.0438
10	0.2841	1.0516	50	0.0067	1.3055
11	0.0325	0.7428	51	-0.3313	0.8475

¹ McArdle, J. J. (1994). Structural factor analysis experiments with incomplete data. *Multivariate Behavioral Research*, 29(4), 409-454.

McArdle, J. J., & Hamagami, F. (1992). Modeling incomplete longitudinal and cross-sectional data using latent growth structural models. *Experimental Aging Research*, 18(3), 145-166.

12	-0.1702	1.0936	52	0.0956	1.1820
13	-0.5911	0.6894	53	0.0624	0.9125
14	0.1793	1.1253	54	-0.4261	0.9383
15	0.2700	0.8544	55	-0.2302	1.1889
16	0.1792	1.1264	56	-0.4841	1.1715
17	0.3643	0.8361	57	0.5020	0.9898
18	0.0714	0.8568	58	-0.0672	1.0575
19	0.6855	0.7185	59	-0.5758	0.8673
20	0.1267	1.2146	60	-0.1994	1.1237

Based on the randomization strategy described above, we suggested collecting data from the following schools in year 3. 10 new control schools will be selected randomly when the list of 20 potential schools is presented to us.

Table 4: Schools for 2003 data collection

Year 1 intervention	Year 2 intervention	Year 3 intervention	Year 3 control
21. Chamanda	1. Bwanunkha	42. Katopola	61. Chamasongwe
22. Chikoka	3. Mshawa	43. Chingazi	62. Nyauzi
23. Chipangali	5. Chipata	48. Kabvumo	63. Chipikula
24. Dzoole	6. Kalembe	49. Nsingo	64. Lunkhwakwa
25. J.M. Cronje	8. Kapita	50. Chikando	65. Kanyanja
26. Kanzutu	9. Kasenengwa	51. Kalunga	66. Chikungu
27. Kapatamoyo	10. Lutembwe	52. Nthombimbi	67. Shamombo
28. Katawa	13. Mtaya	53. Zemba	68. Kadzionele
29. Kawambe	14. Mtizwa	59. Chawa	69. Naviruri
30. Langa	19. Hillside	60. NkhaliKali	70. Chamandala
31. Lukhalo	20. Taperansoni	41. Nyakutwa	
32. Maguya	15. Mwita	54. Chiwoko	
33. Makwe	11. Magwero	46. Tafeladziko	
34. Mnukwa	2. Chanjowe	47. Mbande	
35. Nkhoto	7. Kapara	58. Mkanire	
36. Nyaviombo			
37. Nzadzu			
38. Tamanda			
39. Vizenge			
40. Vubwi			

The actual data collection commenced on September 10, 2003. The Z-CAI testers were divided into four teams, each team composed of one tester per grade. Each team visited one school per day. In each of the new control schools, 10 pupils were to be assessed per grade.

Appendix C

SHN Team's School Monitoring Report

FEEDBACK REPORT ON MONITORING AND TECHNICAL SUPPORT TO SHN SCHOOLS IN CHAMA, LUNDAZI AND MABWE DISTRICTS. 23rd JUNE TO 3rd JULY 2003

1.0 Introduction.

The SHN/CHANGES Team Eastern province conducted Technical support visits to 28 SHN schools (Chama-10, Lundazi –6 and Mambwe District 12) from 23rd June to 3rd July. Although the Technical Officer did not proceed to Mambwe district as he was representing CHANGES at a Food, Nutrition and Health workshop organised by Central Board of Health held on 30th June to 6th July 2003.

The Team comprised of the following:-

Ms C. S Chirwa Provincial SHN FPP (SIS Sciences)

Mr .B.M Phiri CHANGES Training Officer.

Mr J.E. Zulu CHANGES Technical Officer.

2.0 The objectives of the visits were;

- Administer SHN Competition Checklist to Chama schools.
- Track the drug flow from DHMT to Health centres.
- Monitor school based SHN activities including record keeping.
- Collect data on enrolment and Teachers trained in SHN drug administration.
- Ascertain existence of District SHN coordination committees.

This reporting format was deliberately designed to allow individual feed back to schools. Only negative observations are highlighted in the report, however, this does not suggest that there were no positive findings. In fact remarkable improvements were observed as regards Implementation of School Health Nutrition program in all districts visited.

4.0 CHAMA DISTRICT.

4.1 District Education office.

Observations	Recommendations
<ul style="list-style-type: none">▪ Monitoring of SHN program by the DEO's office is seldomly done. Although it was evident that DEO's office staff visited SHN schools for other activities.	<ul style="list-style-type: none">▪ SHN is a component of BESSIP. It must be monitored each time the district team visits SHN schools. Use the monitoring or SHN competition check list as a guide. A Chapter on Characteristics of a Health Promoting school high lighted in the Drug Administration Manual would be useful too!▪ Facilitate meetings of the District coordination committee to draw technical support and resolve issues

<ul style="list-style-type: none"> It is doubtful whether the monitoring check list distributed at the last provincial SHN coordinating committee meeting is being used. The District coordinating committee is not meeting regularly. The district is not monitoring and tracking SHN drugs. The district does not guide the DHMT in SHN drug distribution to schools. 	<p>that hinder program implementation.</p> <ul style="list-style-type: none"> Consider appointing less busy person to assist the DIS in SHN program implementation. Consider replacing SHN focal point person at Mbalanga who will have the interest and commitment. Orient all technical Staff at DEO in SHN. This will ease monitoring and support the schools on issues related to SHN. Follow up second consignment of drugs- Write a letter to PEO's office indicating that you have not received your next consignment as this will affect your next drug administration exercise.
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4.2 Chama SHN schools.

No	School	Observations	Recommendations
1	Kapalakhonje	<ul style="list-style-type: none"> Health promoting team is weak and does not meet regularly. Poor record keeping. SHN resource corner not well organised. No evidence of utilisation of the facility. Health education not being conducted as expected. Pupils do not link treatment to promotion good health. SHN drug administration protocol not followed. Administered Iron tablets to grade ones before de-worming. 	<ul style="list-style-type: none"> Ensure that the SHN promoting team meets regularly, at least once monthly, and resolutions are implemented. Proceedings of all meetings in the school must be documented. Health Education is a very important component of SHN programme. Pupils, teachers and surrounding communities, must be aware of prevention of disease- Make use of the Flip charts provided. Develop a school health policy which teachers and pupils must follow. Follow SHN drug administration protocol. Ensure that all the characteristic of a health promoting school are established. Refer to your drug administration manual. All teachers must be involved in SHN implementation.
2.	Mwalala	<ul style="list-style-type: none"> School cards not well completed. Performance and Hygiene assessment column not filled in. School yard is unkept. Well over used. No water committee. Latrines un kept. No serious community involvement in SHN programme. 	<ul style="list-style-type: none"> Refer to Drug Administration Manual, ensure that pupils and surroundings are kept clean. Establish the characteristics of a SHN school according to guidelines provided in the manual. Appoint health prefects to assist monitor cleanness around the school and latrines. Strengthen the SHN promoting team.

3.	Kambombo.	<ul style="list-style-type: none"> ▪ School cards not well completed, Performance column left blank. ▪ No serious community involvement in SHN. ▪ Lack of effective communication between the school and health centre staff. ▪ No. SHN team. Failure to distinguish the functions of Production unit and SHN team. ▪ Difficulties in completing the drug request form. ▪ SHN drugs stored at health centre linked to prepayment scheme. ▪ Had not administered SHN drugs by June 2003 ▪ Other teachers not oriented in SHN programme. ▪ Poor communication between Health centre staff and school 	<ul style="list-style-type: none"> ▪ Make consultations with near by school or DEO's if still having problems in completing the School Health cards. ▪ Establish the SHN team and exploit its composition to mobilise communities to support SHN activities. Refer to Drug Administration Manual. ▪ Make the In-charge of the Health centre a key member of the SHN team to enhance communication and for technical support on health related matters. ▪ The Production unit Committee's composition can not meet the aspiration of the SHN promoting team. ▪ If still having problems in completing the drug request form, consult the DEO's office. ▪ SHN drugs (Albendazole, Praziquantel, Vit A and Iron tablets) are purchased by MOE but distributed and stored by MOH at corresponding health centres on behalf of MOE. These drugs must be requested and administered by teachers. There is no relationship between these drugs and the Pre-payment scheme for pupils. In pre-payment scheme, MOE paid user fees for pupils to respective Health centres through DHMTs, to allow treatment when pupils are sick. Health centre staff diagnose and determine type of treatment. It is important for the school to understand this arrangement and inform all concerned. ▪ Organise in house training for all teachers on SHN concept and Drug Administration (DA). Use the DA manual as a teaching guide. ▪ Start administering drugs according to SHN protocol.
4	Katete	<ul style="list-style-type: none"> ▪ Water source is unprotected well and unkept surrounding Water stagnation around Well. ▪ No health promoting team and other characteristics not yet established. ▪ Treatment not done. ▪ The school appeared to be on a loss as regards SHN activities. 	<ul style="list-style-type: none"> ▪ Provide a drainage system to allow smooth flow of water in one direction. ▪ Refer to Drug Administration Manual, ensure that pupils and surroundings are kept clean. Establish the characteristics of a SHN school according to guidelines provided in the manual. ▪ Appoint health prefects to assist monitor cleanliness around the school and latrines. ▪ Conduct in house training in drug administration for teachers and other stakeholders.
5	Kamphemba	<ul style="list-style-type: none"> ▪ No health education is given to pupils and surrounding communities. ▪ Treatment forms were not enough to cater for the next treatment exercise. ▪ Surrounding around the well was filthy 	<ul style="list-style-type: none"> ▪ Create awareness among pupils about hygiene and prevention of diseases. ▪ Stock adequate treatment forms and ensure all logistics required are in place before treatment starts. ▪ Keep the School and Well surroundings clean. Unblock the drainage and keep it free from dirt and grass, as it will provide a breeding site for

		<ul style="list-style-type: none"> due to blocked drainage. Children were not encouraged to bring food with them to eat at school. Hand washing after use of toilet was not promoted. No hand washing facilities were provided. 	<ul style="list-style-type: none"> mosquitoes. Facilitate the formation of WASHE committee that will take charge of WELL maintenance. Encourage parents to provide snacks to pupils with snacks to eat at school. Create awareness of advantage of providing snacks to pupils to eat at school. Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school. Conduct in house training to all staff.
6.	Mabinga	<ul style="list-style-type: none"> Most teachers and corresponding health centre staff are not conversant with SHN activities. No collaboration with the community and health centre staff 	<ul style="list-style-type: none"> In house training in SHN to all teachers is required. The head teacher to make local arrangement for reorientations. The head teacher must involve trained personnel in running SHN programme. The Deputy must handover SHN focal point responsibility to the trained teacher. The school should mobilise resources to enhance provision of safe water and recommended sanitary facilities. Appoint health prefects to assist monitor cleanness around the school and latrines. Refer to Drug Administration Manual, ensure that pupils and surroundings are kept clean. Establish the characteristics of a SHN school according to guidelines provided in the manual
7	Chitemba	<ul style="list-style-type: none"> SHN promoting team has not yet been established. No attempts were made to establish the 'Characteristics of a Health promoting school' Pupils are sent to the health centre for SHN drug administration. No health education is given to pupils and surrounding communities. Relationship with the health centre not satisfactory. SHN cards are kept at the Health centre. Teachers not involved in SHN drug administration Not confident in administering SHN drugs to pupils. 	<ul style="list-style-type: none"> Urgently establish the Health promoting team and make the Health centre staff a key members Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school. Conduct in house training to all staff. Collect SHN cards from Health centre and keep them at School. SHN drugs must be administered by teachers and not health centre staff 'though they may supervise and handle side effects. Create awareness among pupils about hygiene and prevention of diseases. Commence treatment immediately. Follow SHN drug administration protocol.

		<ul style="list-style-type: none"> Pupils not treated this year. 	
8	Mudalanga	<ul style="list-style-type: none"> No SHN activities are being carried out in school. Source of safe drinking water is 2km away. SHN drug administration is not done accordingly. The SHN focal point person appears to have no interest. Documentation and record keeping of SHN activities poor. Latrines are unkept. 	<ul style="list-style-type: none"> Replace the SHN focal point person. Urgently establish the Health promoting team and make the Health centre staff a key members Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school. Conduct in house training to all staff. Create awareness among pupils about hygiene and prevention of diseases. Commence treatment. Follow SHN drug administration protocol. Keep latrines clean or the time. Clean 3 times in a day make a schedule. Health prefects can assist in supervising.
9	Chama Basic	<ul style="list-style-type: none"> Health promoting team not representative of other key sectors. Administering of iron tablets not completed. Health education not linked to hygiene and use of latrines. No hand washing facilities provided. Orchard not fenced, prone to vandalism and animal trespass. 	<ul style="list-style-type: none"> Include all recommended stakeholders in the Health promoting team. Refer to you Drug Administration Manual on characteristics of a Health promoting team. Continue administering Iron tablets until each pupil gets 10 doses Create awareness among pupils about hygiene and prevention of diseases. Link health education to SHN activities and positive health behaviours i.e. Hand washing after use of latrine and personal hygiene. Prevent Orchard from vandalism. Fence the Orchard immediately. Refer to you Drug Administration Manual and Health competition check list for basic SHN activities to establish at the school.
10	Kalovya	<ul style="list-style-type: none"> Stopped giving Iron tablets to pupils. Neglected the Well after sinking a Borehole. 	<ul style="list-style-type: none"> Continue administering Iron tablets until each pupil gets 10 doses Maintain Old Well and protect it from vandalism, could be used in future in case of a breakdown of the Borehole.

5.0 Lundazi District. Education office.

Observations	Recommendations
<ul style="list-style-type: none"> Administration of Bilharzia questionnaire is not understood by most schools. Monitoring of SHN program by the DEO's office is seldomly done. Although it was evident that DEO's office staff visited SHN 	<ul style="list-style-type: none"> Teach schools who have problems in administering the questionnaire during your supportive visits. The prime information is -Administer a bilharzias questionnaire to Sampled 10 pupils (5 boys and 5 girls) from each grade. From grade 1 – 7 only. Find a percentage from the total positive cases. If 35% and above conduct mass treatment for bilharzia. If less than 35%, treat positive cases and those reporting sign and symptoms of bilharzias. A yes to either of the following questions on the questionnaire attracts a positive result-“blood in urine in the last two weeks?” and/or are you suffering

<p>schools for other activities.</p> <ul style="list-style-type: none"> It is doubtful whether the monitoring check list distributed at the last provincial SHN coordinating committee meeting is being used. The District coordinating committee is not meeting regularly. The district is not monitoring and tracking SHN drugs as expected The district does not guide the DHMT in SHN drug distribution to schools. 	<p>from bilharzias.</p> <ul style="list-style-type: none"> SHN is a component of BESSIP. It must be monitored each time the district team visits SHN schools. Use the monitoring or SHN competition check list as a guide. A Chapter on Characteristics of a Health Promoting school highlighted in the Drug Administration Manual would be useful too! Facilitate meetings of the District coordination committee to draw technical support and resolve issues that hinder program implementation. You have a committed District SHN focal point person, support him. Orient all technical Staff at DEO in SHN. This will ease monitoring and support the schools on issues related to SHN. Provide a guide on distribution of drugs based on school enrolment to DHMT.
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5.2 Lundazi Schools.

No	School	Observations	Recommendations
1.	Phikamilaza	<ul style="list-style-type: none"> All pupils were subjected to the bilharzias questionnaire. Latrines are few and too small. Problem in running First Aid services due to lack of first AID drugs. Reported that many pupils had ring worms. Safe source of safe drinking water about 800 metres away. ¾ of grade 8 and 9 complain of Bilharzia. 	<ul style="list-style-type: none"> Administer a bilharzias questionnaire to Sampled 10 pupils (5 boys and 5 girls) from each grade. From grade 1 – 7 only. Find a percentage from the total positive cases. If 35% and above conduct mass treatment for bilharzia. If less than 35%, treat positive cases and those reporting sign and symptoms of bilharzias. Start soliciting for funds to build decent latrines, a borehole or a Well-Zamsif, LWF, Care International etc may be possible donors. Consider purchasing first Aid drugs or solicit for donations. Refer those grade 8 and 9 complaining of bilharzia
2.	Lusuthu	<ul style="list-style-type: none"> All 70 pupils interviewed, responses were recorded on individual bilharzia questionnaire Characteristics of a Health promoting school not established. Very little was happening as regards SHN activities apart from the Hand washing facility. 	<ul style="list-style-type: none"> One questionnaire is enough to cater for more than 70 pupils. Urgently establish the Health promoting team and make the Health centre staff a key members Refer to your Drug Administration Manual and Health competition check list for basic activities to be established at the school Conduct in house training to all staff.

		<ul style="list-style-type: none"> The SHN focal point person appears to have so many responsibilities. 	
3	Romase	<ul style="list-style-type: none"> Characteristics of Health promoting school not well established. Hand washing facility has no provision for running water Using one cup for drinking water for more than 30 pupils during drug administration. 	<ul style="list-style-type: none"> Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc. Improve hand washing facility to include a provision for running water. Ensure and maintain high standards of hygiene practice during drug administration. Encourage pupils to bring high own cups during drug administration days.
4	Mphamba	<ul style="list-style-type: none"> Well abandoned after sinking a borehole. Established characteristics of health promoting team but needs strengthening. 	<ul style="list-style-type: none"> Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc. Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school
5	Chasamwa	<ul style="list-style-type: none"> Did not administer SHN drugs because they were few (Albendazole x 1000 tabs, Praziquatel x 1000 tabs for 404 pupils) 	<ul style="list-style-type: none"> Go ahead with treatment drugs may be enough. Order the short fall in the process in case.
6.	Nkhanga	<ul style="list-style-type: none"> Parents complaining of adverse side effects SHN promoting team not active. Other characteristics not yet in place. 	<ul style="list-style-type: none"> Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc. Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school Establish Red Cross club to provide first Aid treatment.

6.0 Mambwe district

6.1 District Education Office.

Observations	Recommendations
<ul style="list-style-type: none"> Delay in distribution of SHN drugs to schools. The District coordinating committee is not meeting regularly. The district is not monitoring and tracking SHN drugs. 	<ul style="list-style-type: none"> SHN is a component of BESSIP. It must be monitored each time the district team visits SHN schools. Use the monitoring or SHN competition check list as a guide. A Chapter on Characteristics of a Health Promoting school high lighted in the Drug Administration Manual would be useful too! District to conduct in house training for Mdimba Basis School. Appoint a SHN focal point person a Mdimba school. The district must facilitate distribution of drugs to all health centres in time.

<ul style="list-style-type: none"> The DEO's office does not guide the DHMT in SHN drug distribution to schools. 	<ul style="list-style-type: none"> Provide a SHN drug distribution guide based on school enrolment. Monitoring and supervision must be strengthened while the District SHN coordinating committee must be strengthened and must be in touch with what is happening. Orient all technical Staff at DEO in SHN. This will ease monitoring and support the schools on issues related to SHN.
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6.2 Mambwe schools

No	School	Observations	Advice.
1	Mpomwa	<ul style="list-style-type: none"> No Health Policy No Feeding program No Health prefects SHN promoting team not active. No hand washing facilities. Drug administration not yet done Inadequate pupils latrine and no staff latrine. 	<ul style="list-style-type: none"> Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner CBO supporting SHN activities etc. Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school Request your drug requirements from your local health centre. Consider construct extra latrines for pupils and staff.
2	Chisengu	<ul style="list-style-type: none"> Drug administration not yet. Drugs not accessed. No production. No feeding program No Health promoting team. No hand washing facility. 	<ul style="list-style-type: none"> Consider growing none food crops that can be convert into cash to support school feeding program. Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner ,CBO supporting SHN activities Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school Learn from other schools with recommended hand washing and implement at your school.

3	Jumbe	Un kept school surrounding	Keep the school surrounding clean. Health prefects can assist.
4	Mfuwe	<ul style="list-style-type: none"> No SHN promoting team No Health policy No feeding program No production unit. Drug administration not yet done. Drug not yet accessed at the time of the visit. 	<ul style="list-style-type: none"> Establish the SHN promoting team. Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner CBO supporting SHN activities etc. Order SHN drugs from a local health centre and administer according to SHN drug administration protocol.

No	School	Observations	Advice.
5	Yosefe	<ul style="list-style-type: none"> No SHN promoting No Health policy No production/PU garden No feeding program Drugs not accessed, so not administered. No provision of Hand washing facilities by use of running water. 	<ul style="list-style-type: none"> Establish the SHN promoting team. Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner CBO supporting SHN activities etc. Order SHN drugs from a local health centre and administer according to SHN drug administration protocol. Provide hand washing facilities by use of running water to pupils and staff.
6	Chiwawatala	<ul style="list-style-type: none"> No SHN promoting Health policy not displayed Drugs not accessed, so not administered No provision of Hand washing facilities by use of running water. 	<ul style="list-style-type: none"> Establish the SHN promoting team. Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner CBO supporting SHN activities etc. Order SHN drugs from a local health centre and administer according to SHN drug administration protocol. Provide hand washing facilities by use of running water to pupils and staff.
7	Chiutika	<ul style="list-style-type: none"> Recording keeping on treatment form incomplete. No health policy displayed School feeding program only for footballers No Resource corner Provision of hand washing facilities by use of water in buckets. 	<ul style="list-style-type: none"> Reorganize record keeping system at school. Display School Health policy. School feeding program must benefit all pupils. Provide hand washing facilities by use of running water to pupils and staff. Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc

No	School	Observations	Advice.
8	Ncheke	<ul style="list-style-type: none"> No SHN promoting Team No Health policy displayed Orchard over grown with grass. 	<ul style="list-style-type: none"> Establish the SHN promoting team Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner ,

		<ul style="list-style-type: none"> Well surrounding unkept. No feeding program Drugs not accessed, so not administered. No provision of Hand washing facilities by use of running water. SHN drug administration protocol not followed. Over stocking of SHN drugs. Drugs stored exposed to sun light. 	<ul style="list-style-type: none"> Maintain the orchard. Order drugs from a local Health centre Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school Order SHN drugs, only enough for your school. Store all drugs away from the sun.
9	Mdimia	<ul style="list-style-type: none"> No SHN promoting Team. No Health policy No production/PU garden No feeding program Drugs not accessed, so not administered. No provision of Hand washing. No staff latrine. Community and teachers misinformed about SHN concept. Head teacher only one trained. Bolthole broken down and out of use. 	<ul style="list-style-type: none"> In house training for all teachers to be conducted.
10	St Francis	<ul style="list-style-type: none"> No SHN promoting No Health policy Community stealing fruit trees Borehole not fenced. Feeding program only for sports pupils. Drugs not yet accessed, so not administered. No provision of Hand washing facilities by use of running water. 	<ul style="list-style-type: none"> Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc. Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school Request your drug requirements from your local health centre. Provide hand washing facilities for teachers and staff. Feeding program must benefit all pupils. Consider involving the community in SHN activities. Solicit support from the local traditional leadership they may assist in improving relationship with community.
11	Chivyolo	<ul style="list-style-type: none"> No SHN promoting team No Health policy Fetches drinking water from the stream. garden No feeding program Drugs not accessed, so not administered. 	<ul style="list-style-type: none"> Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc. Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the

		<ul style="list-style-type: none"> ▪ No provision of Hand washing facilities by use of running water. ▪ Poor cooperation with surrounding communities. ▪ No staff latrine. Pupils latrines inadequate. ▪ Received drugs about to expire from Corresponding health centre. 	<ul style="list-style-type: none"> ▪ school ▪ Request your drug requirements from your local health centre. ▪ Provide hand washing facilities for teachers and staff.. ▪ Consider involving the community in SHN activities. Solicit support from the local traditional leadership they may assist in improving relationship with community. ▪ Return drugs about to expire to local health facility for disbursing before expiry date. Reorder SHN drugs that have obviously a long shelf life.
12	Wazaza	<ul style="list-style-type: none"> ▪ No SHN promoting ▪ SHN Health policy ▪ SHN corner not in place. ▪ No production/PU garden ▪ No feeding program ▪ SHN Drugs protocol not followed. ▪ Borehole not fenced. ▪ No staff latrines. ▪ Pupils temporal latrines. ▪ Inadequate drugs ordered. ▪ No provision of Hand washing facilities by use of running water. 	<ul style="list-style-type: none"> ▪ Strengthen the characteristics of a Health promoting school-School healthy policy, SHN resource corner, CBO supporting SHN activities etc. ▪ Refer to you Drug Administration Manual and Health competition check list for basic activities to establish at the school ▪ Construct extra latrines for both teachers and pupils. ▪ Fence the borehole. ▪ Request your drug requirements from your local health centre. ▪ Provide hand washing facilities for teachers and staff. ▪ Start a feeding program for pupils.

Appendix D

CARE International's Quarterly Report

CARE INTERNATIONAL

CHANGES SUB-GRANT COMPONENT

QUARTERLY REPORT – SOUTHERN PROVINCE AND EASTERN PROVINCE

PERIOD: JULY-SEPTEMBER 2003

> SOUTHERN PROVINCE <

1.0 INTRODUCTION:

Task No 3. Sub-grant mechanism that provides support to schools and surrounding communities, NGOs and other non-profit making organizations to undertake innovative interventions that:

- Increase participation for girls and other vulnerable children in education.
- Support school health and Nutrition in order to improve pupils learning
- Integrate HIV/AIDS awareness and prevention messages to promote life skills and appropriate behaviour into on going community and district based basic education.

1.1 Planned Activities

- New Proposals
- New disbursements
- Reconciliation
- Formation of new steering committee
- Steering Committee meetings
- Monitoring of funded activities

1.2 Unplanned Activities.

- ❖ HIV/AIDS Solidarity Walk
- ❖ Participation in Scope Evaluation

2.0 NEW PROPOSALS

During the quarter under review, 217 proposals were received. 10 were approved as outlined below:

#	Organization	District	Amount	Activities
1	Youth Alive	Sinazongwe	49,367,000	Training of youths, Sensitization through drama, sketches etc.
2	Chawila School	Kalomo	28,104,960	Rehabilitation of 1x3 classroom block and HIV/AIDS activities.
3	Lets Build Together	Kalomo	7,265,000	Training on HIV/AIDS

4	New Kachenje	Choma	31,505,000	Rehabilitation of girl's dormitory, Construction of toilets.
5	Ngoma School	Sinazongwe	31,200,000	Construction of toilets, Solar power and desks
6	Youth Alive	Sinazongwe	48,120,000	
7	Nalituwe B School	Livingstone	25,361,376	Construction of pit latrine and HIV/AIDS
8	Anglican Church	L/stone	K48, 755,000	Skills training, Counselling Orphans, HIV/AIDS
9	Chili M.B School	Kazungula	K26,443,000	Completion of Girl's dormitory, Animal rearing
10	Popota B. School	Choma	K42,824,000	Electrification, Rehabilitation of girls' dormitory and classroom block and establish

The following reconciled documents were sent to Lusaka.

1	Simango School	Kazungula	20,657,000	Lusaka
2	Nakowa School	Kalomo	8,000,000	Lusaka
3	Sinde School	Kazungula	19,925,125	Lusaka
4	Mabwa School	Kazungula	13,014,750	Lusaka

3.0. NEW DISBURSEMENT

A total of fourteen proposals were funded during the quarter under review and these were as outlined in table below;

	Organization	District	Amount	Activities	Remarks
1	Anglican Church	L/stone	Approved K48, 755,000 disbursed K24,377, 500		Cheque not delivered
2	Chili M.B School	Kazungula	Approved K26,443,000 disbursed K13,221, 500	Completion of Girl's dormitory, Animal rearing	Cheque not delivered
3	Popota B. School	Choma	K42,824,000	Electrification, Rehabilitation of girls' dormitory and classroom block and establish	Cheque delivered

4	Kara CTT	Choma	Approved \$32,710 Disbursed K77,857,370	Home based training Skills to people with AIDS IGA	Cheque delivered
5	DAPP	L/stone	55,980,300 Disbursed K27,787,650	Support to people with AIDS	Cheque delivered
6	Mawomadi	Kazungula	10,300,000	Piggery	Cheque delivered
7	Mukuni YWCA	Kazungula	14,842,000	Skills Training, Feeding programme, Poultry.	Cheque delivered
8	Libala Commuity	Kazungula	14,040,000	Home-based training, Skills training. Community Field.	Cheque delivered
9	Halumba Bboola Ubone	Choma	5,009,000	HIV/AIDS Sensitization and Crop production.	Cheque delivered
10	Chili School	Kazungula	24,178,000	Construction of girl's dormitory, Solar panel, School gardening.	Cheque delivered
11	Malimba School	Kazungula	Approved 26,747,000 disbursed K13,373,000	Rehabilitation of H.E, Construction of toilets	Cheque delivered
12	Mayobo club	Kalomo	6,210,000	Crop production	Cheque delivered
13	Ng'andu School	Kazungula	15,681,000	Construction of toilets Peer education training	Cheque delivered

4.0 RECONCILIATION

Most of the funded organizations and schools have reconciled and have requested for their 2nd tranches or are almost completing their reconciliation for closure. This is shown in the diagram below:

#	Organization	District	Total Amount	Reconciled	Remarks
1	Sinde B. School	Kazungula	19,925,125	19,925,125	Sent
2	Nakeempa Sch.	Choma	12,198,750	12,198,750	Sent
3	Mbabala School	Choma	18,250,000	18,250,000	Sent

4	Makoli School	Kazungula	5,883,000	5,883,000	For closure
5	Chooma School	Kazungula	3,110,000	3,110,000	For closure
6	Moonde School	Kalomo	2,106,000	2,106,000	For closure
7	Mubanga Sch.	Kalomo	6,442,000	6,442,000	For closure
8	Mayoba School	Kalomo	7,320,000	7,320,000	For closure
9	Siamasimbi	Kazungula	17,017,000	17,017,000	For closure
10	Mukuni school	Kazungula	15,970,500	15,970,000	For closure
11	Simango School	Kazungula	20,657,000	20,657,000	2 nd tranche
12	Mabwa	Kazungula	13,014,750	13,014,750	2 nd tranche
13	Nakowa	Kalomo	8,000,000	8,000,000	2 nd tranche
14	Maunga School	Kazungula	12,146,000	12,146,000	Sent
15	Musokotwane B. School	Kazungula	24,657,500	24,100,000	2 nd tranche
16	Sichikwalula School	Kalomo	30,369,000	19,500,000	2 nd tranche
17	Nyawa B. School	Kazungula	18,050,000	18,050,000	Sent
18	St. Mulumba School	Choma	10,198,750	10,198,750	2 nd tranche
19	St. of St. Francis	Kazungula	19,850,000	19,850,000	2 nd tranche

5.0 FORMATION OF STEERING COMMITTEE

In this quarter two steering committees were formed. Sinazongwe Committee was formed in July while Gwembe Steering Committees were formed in August 2003.

The first Grants meeting for Sinazongwe District was held on 04/07/03 with a view of forming a steering committee. Representatives from two line Ministries attended the meeting. Education was not represented, as they were reportedly very busy with other programmes. The NGOs on the committee were also not present as they were also busy in the field.

Despite the low attendance, an orientation meeting was held and the focus was mainly on grant award process and different documents used. The grant award criteria were also discussed in detail. Some of the grant documents discussed were:

- i. Proposal Assessment Forms
- ii. Sub-Grant Contract Agreement
- iii. Proposal Summary Sheet
- iv.

In Sinazongwe only five (5) proposals were reviewed and this was part of orientation practical session, this enabled members present to make recommendations or reject proposals and give reasons for either decision arrived at. The capacity of the District needs further strengthening as in future they will conduct the reviews on their own for continuity. The rest of the proposals were to be reviewed by the district team and would later send recommendations to the SGC. The two that were recommended, were to be further appraised by other members of the district steering committee after being oriented by the members that were present.

5.2 The formation of Gwembe steering Committee was done on the 8th August 2003. Present at the meeting were representatives from MOE, MOH, MCDSS World Vision

Various issues regarding grants were discussed among others being:

- Grants Mechanism
- Who can apply
- Funded and non-funded activities
- Award criteria

- Functions of the Steering Committee
- Proposal format
- Proposal assessment form
- Agreement Contract
- Summary.

All the documents used in the grant award system were discussed and this was to familiarize the district steering committee to all documents used during appraisal.

There are few NGO's working in Gwembe and the District team identified World Vision, as it was the only NGO with similar objectives with CHANGES. (HIV/AIDS and education)

6.0 DISTRICT STEERING MEETINGS

District Steering Meetings were held with a view of appraising proposals from schools, community, and other Non-making profit organizations. Total of 3 meetings were held in the quarter under review.

Other issues concerning grants already disbursed are also discussed during the meetings. Their role of monitoring funded activities was also emphasized. Other districts e.g. Kalomo and Choma have already started doing so. Others will start as soon as they are funded. The SGC only attended a steering meeting in Gwembe during the formation of a steering committee while Sinazongwe held a meeting and reviewed proposals on their own. Gwembe held two meeting and reviewed proposals. The district Committees are being encouraged to hold regular meetings so that there is no backlog of proposals.

- Gwembe – approved -2
- Kazungula – approved - 4
- Livingstone – approved - 1

7.1. MAWOMADI

Date of visit: 25/08/03

Amount: K10,300,000

Purpose

- To hand over cheque
- To discuss financial and administrative issues as regards to utilization of grant.

Activities:

- To teach skills in tailoring
- To teach literacy to women in the community
- To rear poultry, goats and pigs
-

Present at the meeting were 2 ZCFs and 10 club members.

Issues discussed under Financial and administrative management included the following;

- Depositing Cheque
- Opening project file and keeping documents, both administrative and financial.
- Importance of holding regular meetings

- Purchases and receipts
- Reconciliation
- Reports both financial and Narrative

Comment:

The members were advised to work as a team and not purchase items that were not budgeted for. The ZCF recently trained was introduced to the group and emphasized his role as facilitator and mentor. The group was also reminded to come up with a projected number of beneficiaries

7.2 SIAMANKULI M. B SCHOOL.

Date of visit: 03/07/03

Month funded: June 2003.

Activities:

- Rehabilitation of 1 x 2 classroom block
- Construction of toilets and bath shelter
- HIV/AIDS activities (Drama, songs etc.)

Achievements:

The classroom block under rehabilitation was demolished to foundation level, this was because the foundation was very weak, as it was constructed using mud. The community members were working very hard to complete the project within the stipulated time. The villages were divided to work once per week on the project and there are a total of 9 villages. The PTA Chairperson gave the school his truck to use for ferrying building materials as long as the school put in fuel.

Problems:

There were no major problems reported at this time as activities were going on well.

Budget:

The school had not purchased materials yet and was making arrangements to do so.

Comment:

The school and community were commended for the commitment shown and were encouraged to continue.

Beneficiaries:

A total of approximately 7,230 people will benefit from the project once completed.

7.3 MBABALA B. SCHOOL

Month funded: 06/06/03

Amount: K18,250,000

Activities:

- Rehabilitation of Home Economics block
- Electrification of classroom blocks
- Construction of toilets
- Sensitization on HIV/AIDS.

Achievements:

The school had purchased all construction materials and rehabilitation work on the Home Economics block had started. The project committee had conducted regular meetings and this was encouraged to foster ownership among different stakeholders.

Problems:

No major problems were encountered so far.

Budget:

The account records were checked and all expenses were recorded. A total of K17,403, 500 had been utilized and balance was K846,500

Beneficiaries:

Project beneficiaries are estimated at 11,810 once all activities are implemented.

7.4 NAKEEMPA B. SCHOOL

Month funded: 7th June 2003

Amount: K12,374,500

Activities:

- Rehabilitation of 1x2 classroom block
- Rehabilitation of HIV/AIDS center.
- School production unit.

Achievements:

The school had purchased all materials required for rehabilitation of classroom block and HIV/AIDS center. The work on the classroom block had reached an advanced stage.

Problems:

No major problems had been recorded so far.

Budget:

The first tranche of K12,374,500 has been exhausted and the school is processing and finalizing the financial records in readiness for reconciliation.

Beneficiaries:

Approximately 2,500 people and pupils will benefit from the project.

7.5 SICHIKWALULA SCHOOL

Month of funding: 07/04/03

Amount: K30,369,000

Activities:

- Rehabilitation of 1x3 classroom block.
- Construction of bridge
-

Achievements:

Most materials for the rehabilitation of classroom block had been bought. Rehabilitation of the classroom block had reached an advanced stage, window frames and doorframes had been fitted. The builder was found busy working on the classroom with a few community members.

Problems:

Work was slow because most community members were not participating fully in the provision of unskilled labour.

Solution:

The project Committee had called for a meeting with all headmen and their subjects to discuss the issue of apathy and find way forward.

Advise:

The committee was encouraged to continue with mobilization of community members through headmen and PTA so as to speed up rehabilitation work as they were behind time.

Budget:

The project had so far spent K19,082,000, leaving a balance of K10,918,000. Books of accounts were checked and records were well kept.

The District Roads Engineer visited the school to check on the bridge site to enable him prepare a plan for the bridge. The three line Ministries have decided to find a contractor who will do the work, since there is no local skilled person who can construct the bridge.

7.6 NAKOWA B. SCHOOL

Month funded: June 2003

Amount: K8,000,000

Activities:

- Construction of toilets and bath shelters.
- Peer education training

Achievements:

All the toilets were dug and most of the construction material purchased. A project file was opened and all expenses well entered in the accounts book.

Beneficiaries:

The projects are expected to benefit 3,000 more people after completion.

Problems:

There were no major problems encountered at this level.

Comment:

The committee was encouraged to continue working as a team and complete the purchases so that they request for the second trench.

7.7 MAYOBA B. SCHOOL

Month of funding: June 2003

Amount: K7,320,000

Activities:

- Construction of toilets.
- Home Economics
- Sensitization on HIV/AIDS

Achievements:

Home economics utensils had been purchased and pit latrines had been dug. The school HIV/AIDS drama club was being strengthened, sports wear and drama attire were bought.

Problems:

- Some of the community members were reluctant to provide unskilled labour and were asking for payment.
- Finance Bank had charged the school K146,000 as commission on cheque and members felt this amount was not justified.

Solution:

A meeting was being arranged for the following week with PTA, Headmen and Religious leaders to resolve the issue of community participation.

Finance Bank management was to be met to discuss the commission charged.

Budget:

A total of K4,500,000 had been utilized.

Comments:

The school was encouraged to work closely with community members and involve them at all levels. They were also advised to take advantage of the coming zonal sports day for HIV/AIDS sensitization.

7.8 MUKUNI B. SCHOOL

Month of funding: June 2003

Amount: K15,970,500

Activities:

- Water reticulation
- Toilet Construction

Achievements:

The school has purchased all construction materials for the toilets. Work has reached an advanced stage, so far 1x 2 toilets have been completed and are yet to construct 3 more. Water pipes were laid and taps connected, but not been tested as there is no water since the pump broke down at the main water point. The community members have already molded blocks for the construction of toilets.

Constraints:

The work is slow, as they were supposed to have completed the project in one month as stipulated in the proposal.

Solution:

The project committee has called for a meeting with the community members to discuss the progress of the project.

Beneficiaries:

The project once completed will benefit a total of 850 pupils, 450 girls and 400 boys. A total of 7,000 community members will indirectly benefit.

Budget:

The school has so far used a total of K12,470,500 and all expenditure has supporting documents.

7.9 MAYOBA BASIC SCHOOL

Site Visit date: 06/08/03

Month of funding: June 2003

Amount: K7,320,000

Activities:

- Construction of toilets
- Sensitization on HIV/AIDS
- H.Economics

Achievements:

The community has already dug the toilets and molded blocks. The construction work has also commenced. HIV/AIDS drama attire and sports equipment has also been purchased. Home economics utensils have been bought and pupils are learning practical skills.

Problems:

A radio, which was not in the budget, was bought and this might cause shortage of materials for construction of toilets.

Solution:

The radio will be sold in case the materials run short.

Budget:

The project has used a total of K6, 720,000- leaving a balance of K 600,000. The money will be used to purchase more cement for construction of toilets.

Records:

The project records were checked and were well kept. The proposal, agreement contract, receipts of expenditure, minutes of meetings and report were on file. They were advised to have a copy of their toilet plan on the file.

Comment:

The project committee was advised against buying items not budgeted for, as this would affect implementation of other projects.

7.10 MALIMBA M. B SCHOOL

Date of visit: August 2003

Purpose:

- To inform the school about the cheque which had come from Lusaka.
- Check on community contribution and what else they had done.

Observations:

The community had constructed 2 temporal bath shelters for girls and boys and had bought soap for them to use. This they said had encouraged pupils to come to school, as some of them did not come to school because of lack of clean clothes and not able to bath.

The community had brought enough upfront materials for construction of toilets and bath shelters.

Rehabilitation work had also started on the H.E block.

Comment:

The school was to mobilize the community through the PTA and headmen to start dig the toilets. The school had already collected the building plans from the MOE. The cheque would be delivered in a week's time after the toilets had been dug. They were commended for the commitment shown so far. They were encouraged to do more when the money is given.

7.11 SICHIKWALULA L. B SCHOOL

Month of visit: 06/08.03

Month of funding: April 2003

Amount: K30, 369,000

Activities:

- Construction of bridge
- Rehabilitation of 1x 3 classroom block

Achievements:

The rehabilitation had reached roofing level and work was going on faster than it they started. The doors and windows frames had also been fixed. The community was now participating actively on the project as compared to the past months.

Problems:

The project has been slow because the DEO was working closely with the school in giving technical advice to the local builders. The builders have to wait for the builder from MOE before proceeding to the next level. This is causing a lot of delays in completing the work.

Solutions:

PTA members planned to discuss this problem with the DEO and find possible solutions.

Budget Performance:

The school had so far used a total of K21,000,000 leaving a balance of K9,000,000. This amount is to be used for purchasing materials for the bridge. The District Roads Engineer is preparing a plan and will come up with a bill of quantities.

7.12 MUBANGA B. SCHOOL

Date of visit: 06/08/03

Amount: K6,442,000

Activities:

- Completion of 13 toilets
- Peer education training
- Construction of bath shelter.

Achievements:

- The 13 toilets have been completed.
- Peer education was also conducted.
- The bath shelter was constructed.

Problems:

The bath shelter has not been plastered and painted as per schedule.

Solution:

The project has decided to hire a skilled builder to finish off the work.

Budget:

There is a balance of 99,000, which will be used to pay the painter.

7.13 NYAWA B. SCHOOL

Month of funding: November 2003

Amount: K18,050,000

Aim of Visit: To monitor progress made on the girl's dormitory.

Activity: Completion of girl's dormitory

Observed:

- The house had been roofed, though 3 iron sheets were short.
- The building had been plastered inside and the floor is also being work on.

Comment:

- The school had exhausted the money and had since reconciled total amount given.
- They have requested for supplementary funding of K7,009,000.

7.14 MBABALA BASIC SCHOOL

Month of visit: August 2003

Month of funding: June 2003

Amount: 18,250,000

Activities:

- Electrification
- Rehabilitation of H. Economics
- Sensitization on HIV/AIDS

Achievements:

- The materials for rehabilitation and electrification have been purchased.
- Work has started on H. E block

Problems:

The community members were discouraged from participating in school programmes because of strikes.

Solution:

The project hired a builder and other persons to finish up the work.

Budget:

The school used a total of K18,250,000 and have reconciled.

Comment:

The project files were checked and were found to be in order with all the documents in place.

7.15 MABWA B. SCHOOL

Month of visit: AUGUST 2003

Month of funding: JUNE 2003

Amount funded: K13,014,750

Activities:

- Renovation of H.E block
- Purchase, of materials for Home Economics block and Industrial arts.

Achievements:

- The H.E block is being roofed.

Problems:

No major constraints have been encountered so far.

Budget Performance:

The school has used all the funds and has since reconciled and requested for 2nd tranche.

7.16 NAKEEMPA B. SCHOOL

Month of visit: August 2003

Month of funding: June 2003

Amount: K12, 198,750

Activities:

- Rehabilitation of 1X2 classroom block and HIV/AIDS information center.
- School PU.

Achievements:

- The school has purchased all required materials for rehabilitation works on the two buildings.
- The 1x 2 classroom block has been painted and are finalizing.

Problems:

No major problems were reported.

Budget:

- The project has used all the money received. They have reconciled a total of K12,198,750.
- They have to collect a bank statement in order for them to request for the 2nd tranche.

Comment:

The school did submit a report and were encouraged to work together with the community to achieve the desired goals.

7.17 HALUMBA B. SCHOOL (UBONE DRAMA CLUB)

Month of visit: 07th August 2003

Purpose:

- To deliver cheque
- To build capacity on financial systems -grant utilization, administrative issues.

Total Project Amount: K5,009,000

Amount disbursed: K5,009,000

Activities:

- Sensitization on HIV/AIDS through drama, poetry, discussions etc.

Present at the meeting were 5 members of staff- the head teacher, patron, and other members of staff. This was time that financial systems were discussed, starting with purchases and expenditure, it was emphasised that all expenses to be supported by authentic receipts. Reconciling and what should be attached e.g. Bank statements, deposit slip, reports, reconciliation form.

Other issues discussed were on administration .e.g. opening files, conducting regular meetings to discuss project progress and importance of writing financial and narrative reports.

7.18 NG'ANDU BASIC SCHOOL

Month visited: 14/08/03

Purpose of Visit:

- To discuss financial and administrative management.
- To hand over cheque.

Amount disbursed: K15,681,000

Activities:

- Construction of toilets.
- Peer education training

A total of 4 people were present at the meeting. 2 members of staff, 1 ZCF and 1 PTA member. The team was advised to work as a team and involve other community members in planning and implementing programmes.

Observations:

The community had collected all the construction materials and had dug all the toilets. The school had a plan for VIP toilets.

7.19 MUKUNI YWCA SUB-BRANCH

Month of visit: August 2003

Objectives:

- To hand over cheque
- To build capacity of members on grant utilization.

Activities:

- Skills training
- Poultry
- Tailoring and Carpentry

Amount requested: K14, 892,000

Amount funded: K14, 892,000

Present member at the meeting were 30 YWCA members.

Among other issues discussed were financial management, Administrative management, the agreement and proposal and importance of completing projects within time stipulated in the proposals.

The organization was encouraged to work together and that ZCFs would be able to give assistance whenever required.

7.20 NAZILONGO BASIC SCHOOL

Month of visit: 09/08/03

Month funded: June 2003

Amount: K15,593,500

Activities:

- Construction of toilets and bath shelter
- Purchase of H.E and Industrial arts equipment.

Achievements:

The toilets are dug and all materials have been bought except for sewing machines and few tools for the Industrial arts.

Problems:

The sewing machines were not in stock in Choma and Kalomo

Solution:

The school was advised to buy these materials in Livingstone

Budget:

A total of K12,500,000 had been utilized at the time of the visit, leaving a balance of K3,093,500.

7.21 MOONDE M. BASIC SCHOOL

Month of visit: 09/08/03

Funded: December 2002

Objectives:

- Check progress on construction of water reservoir
- Check on gardening

Achievements:

The garden was doing well and vegetables were ready for sale.

Problems:

- The school did not do very well in maize growing; the strike action by teachers also had a negative impact on the project.
- The treasurer was sick for a long time and this delayed the release of the money on time to purchase cement for construction of water reservoir.

Solution:

- They were advised not to keep money in homes.
- The money should have been left at the school with the vice treasurer.

The committee was advised to complete this program so as to complete reconciliation.

7.22 LIBALA COMMUNITY

Month of visit: 18th August 2003

Month of funding: July 2003

Amount: K14,040,000

Purpose:

- i. Handover cheque to Libala community
- ii. Conduct capacity building on grant utilization (financial and administrative management.)

Present at the cheque presentation were 100 community members, 49 women and 57 men, one ZCF for the zone.

Activities:

- Home based care training
- Skills training in tailoring and carpentry
- Caring for chronically ill patients

This community will conduct its programmes at the school and have constructed a shelter where they will be operating. They were encouraged working as a team till they release their dreams.

8.0 CAPACITY BUILDING

The review meetings for proposals in far away districts especially, Mazabuka, Gwembe, Sinazongwe, Namwala and Itzhi-tezhi will be conducted by the responsible District Steering Committees every month, and the SGC will only attend the meetings once in a quarter. Once the proposals are recommended, the proposals will be sent to the SGC, who will process those that meet the criteria and send back those that need technical advice. The capacity of the steering committees will be strengthened further so as to enable them carry on this task without much difficulty. This will ensure ownership of the programme by the three line Ministries and also speed up the process of proposal appraisal.

The SGC visited a total of eight schools mainly to give feedback on referred, deferred and rejected proposals and build capacity on proposals writing. These proposals were reviewed during choma steering meeting and were referred back for adjustments and corrections.

9.0 UNPLANNED ACTIVITIES

a. HIV/AIDS SOLIDARITY WALK

The SGC participated in a "HIV/AIDS walk" sponsored by contact Youth. The theme was "Fighting HIV/AIDS THROUGH VCT" Present at the walk were the American Ambassador to Zambia and his wife, Senior chief Mukuni, Livingstone Mayor and various NGOs and government departments.

The event was partly funded by CHANGES (CSMC)

b. SCOPE EVALUATION

The SGC also attended a two-day SCOPE evaluation meeting on 21st –22nd August 2003. The meeting was held in Lusaka at Kara. The meeting discussed various issues regarding SCOPE project and planned for the evaluation, which started on 7th September. Present at the meeting were various stakeholders e.g. HAI, HODI, UNICEF, FHT, CMAZ, USAID.

10. PROJECT VISITORS

The office was privileged to be visited on 01/07/03 by the Senior Educational Advisor, Kent Noel from USAID, The P.S of MOE, Mrs. B. Chilangwa, Mrs C. Phiri, School Health Nutrition Focal Person, Education Standards, Mr. Sikazwe.

The entourage visited a grant- funded programme in Makunka (Sr. of Saint Francis). The sisters are implementing programmes on HIV/AIDS – Peer education, Skills training (Carpentry and Tailoring), Home based care services and provision of essential drugs to people with HIV/AIDS. e.g. Multivitamins, Antibiotics etc.

The Grants Manager, Catherine Munene, visited the CHANGES office on 25th to 26th September 2003, to orient herself with the grants mechanism established in the Province and discuss other issues concerning grants with the Southern Province CHANGES Coordinator, Dr. A. Sikwibele. She also took time to visit some organizations that had been funded.

The projects visited were

- DAPP
- Siamasimbi School
- Sinda B. School
- Musokotwane B. School

11.0 CHALLENGES

- The continued strike action had a negative impact on the grants component, as the ZCFS FPPs were not able to monitor activities.
- Some districts do not send sub grant agreement contracts on time thereby causing delays in forwarding proposals to Assist RO set up financial and administrative systems
- Monitoring the utilization of sub-grants
- Regular contact and meetings with stakeholders
- Project proposal review –Chama and Chipata
- Lusaka.
- Some districts do not monitor the projects and ZCFs, resulting in the SGC to over stretch in reaching out to the schools and ZCFs in zones. (To carry out capacity building on project proposals writing.)
- There is so much pressure for grants from communities, making the one staff be inadequate.

12.0 LESSONS LEARNED

- It is important to involve the District teams in monitoring the funded projects.
- Projects can only succeed with involvement of influential people in the community.

13.0 PLANNED ACTIVITIES FOR THE NEXT QUARTER

- District Steering Committee Meetings.
- Capacity building in Financial Management and administrative systems.
- New Disbursements
- Monitoring of Grants Utilization.
- Formation of Mazabuka, Namwala and Itzhitezhi Steering Committee

> EASTERN PROVINCE <

Activity Task No. 3: Sub-grant mechanism that provides support to schools and surrounding communities, NGOs and other non- profit making organizations to undertake innovative interventions that:

- ✓ Increase the participation of girls and other vulnerable children in education
- ✓ Support innovative interventions in SHN to improve learning, health and nutritional status of school-age children and
- ✓ Integrate HIV/AIDS awareness and prevention messages to promote life skills and appropriate behavior into on going community and district based basic education

Activities for July to September as planned by the former grants Coordinator

- ✓ Assist RO set up financial and administrative systems
- ✓ Monitoring the utilization of sub-grants
- ✓ Regular contact and meetings with stakeholders
- ✓ Project proposal review –Chama and Chipata
- ✓ Financial Management Training in Chama and Chipata
- ✓ Finalize the production of the sub-grants manual

In this period under review most of the activities were not implemented as planned due to the departure of Julius Kampamba the former Sub Grants Coordinator. The recruitment of the new Grants Manager was recruited at the end of June 2003 and was just 3 weeks older in the office. The new Sub Grants Coordinator Collen Zulu was recruited and started work at the end of August 2003.

The following some of the activities undertaken for period July to September:

- ✓ Disbursements for the quarter
- ✓ Monitoring the utilization of sub grants

Unplanned Activities

- ✓ Participation in the survey conducted by CHANGES –Eastern Province.

1.0 DISBURSEMENT FOR THE QUARTER

For the period under review the disbursements made were as follows:-

Name of Organisation	District	Activities	Amount	Remarks
Magwero Basic School	CHIPATA	<ul style="list-style-type: none">• Drama Performances• Produce Chewa leaflets on HIV/AIDS• HIV/AIDS quiz in schools• Strengthen/form Anti AIDS Clubs• HIV/AIDS workshop for teachers	19, 101, 000	Second tranche
Chipangali Basic School	Chipata	<ul style="list-style-type: none">• Rehabilitation of a bridge• Rehabilitation of a community hall into an HIV/AIDS center• Crop production	33,755,000	Second tranche
Joannie Cronje Basic School	CHIPATA	<ul style="list-style-type: none">• Cattle rearing• Crop production• Construction of 4 VIP latrines• Rehabilitate a 1X2 classroom block into an HIV/AIDS center	16, 557, 900	Second tranche
Taferansoni PTA		<ul style="list-style-type: none">• Construction of VIP latrines• Crop ProductionHIV/AIDS awareness	18, 120, 000	Second tranche

Zambia Student Christian Movement	Chipata	<ul style="list-style-type: none">• Create awareness on girl child education• Capacity building on girls education• Production of training materials• Production of brochures and translate them into local language• Crop production	14, 053,100	Second trench
Dzoole Basic School	Chipata	<ul style="list-style-type: none">• HIV/AIDS awareness• Construction of a counseling and feeding center• Crop production• Cattle rearing• Rehabilitate a classroom block	17,858,500	Second trench
Peer Educators	Chipata	<ul style="list-style-type: none">• Conduct HIV/AIDS debate competitions	5,000,000	First Treche

2.0 MONITORING THE USE OF FUNDS DISBURSED

MAGWERO BASIC SCHOOL

The second trench was disbursed in August 2003. The Project Management Team (PMT) School was in the process of setting up poultry, purchasing of recreation items for netball and football teams. Support towards the anti AIDS club.

J.M CRONJE BASIC SCHOOL

The status of the project was that they had started rearing cattle and giving support towards Anti AIDS project.

CHIPANGALI BASIC SCHOOL

The contractor for the bridge was paid off and the supplier for the building materials for the completion of the community hall was also paid.

DZOOLE BASIC SCHOOL

The PMT purchased materials for completion of HIV/AIDS counseling center, they want to strengthen the Anti AIDS club. They were in the process of purchasing more cattle.

3.0 UNPLANNED ACTIVITIES

The Sub Grants Coordinator participated in the survey conducted by Eastern province CHANGES programme as part of his orientation.

3.0 PROJECT VISITORS

Catherine Munene the New Grants Manager visited the province on a familiarization tour just at the time the former Sub Grants Coordinator (Julius Kampamba) was leaving for familiarization tour and visited the following projects Magwero Basic School, Dzoole Basic School and Chipangali from those that are funded. At the time of the visit the project has finished using the first trenches of the funding and were waiting for the second trenches. The visit to Kapatamoyo was to verify information given on the request for the water reticulation project. This project was awarded a grant but a request o more work to be done was made.

ACTIVITIES FOR NEXT QUARTER

- Assist RO set up financial and administrative systems
- Monitoring the utilization of sub-grants
- Regular contact and meetings with stakeholders
- Project proposal review – Lundazi, Chipata, Chama and Chadiza